

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Feb 24, 2011
Secretary of State**

DOCUMENT# L04000018261

Entity Name: NORTH FLORIDA ENCLOSURE, LLC

Current Principal Place of Business:

5001 HOMECREST CIR
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

5001 HOMECREST CIR
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 20-0830472 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, MIKE
5001 HOMECREST CIR
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MIKE NELSON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: NELSON, MIKE
Address: 5001 HOMECREST CIR
City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MIKE NELSON

MGR

02/24/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date