

# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M09000001504

Entity Name: NIMCO SOUTHEAST, LLC

FILED  
Dec 10, 2010  
Secretary of State

**Current Principal Place of Business:**

3290 NORTHSIDE PARKWAY, SUITE 300  
ATLANTA, GA 30327

**New Principal Place of Business:**

**Current Mailing Address:**

3290 NORTHSIDE PARKWAY, SUITE 300  
ATLANTA, GA 30327

**New Mailing Address:**

FEI Number: 27-0124530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: JENNIFER AULTMAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CRAFT, J. DOUGLAS  
Address: 3290 NORTHSIDE PARKWAY, SUITE 300  
City-St-Zip: ATLANTA, GA 30327

Title: MGR  
Name: GUY, JOHN W JR.  
Address: 3290 NORTHSIDE PARKWAY, SUITE 300  
City-St-Zip: ATLANTA, GA 30327

Title: MGR  
Name: LOCKWOOD, BRUCE M.D.  
Address: 1300 OAKRIDGE BLVD. SUITE 130  
City-St-Zip: FORT COLLINS, CO 80525

Title: MGR  
Name: FLORES, RICHARD A  
Address: 1300 OAKRIDGE BLVD. SUITE 130  
City-St-Zip: FORT COLLINS, CO 80525

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: J. DOUGLAS CRAFT

MGR

12/10/2010

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