

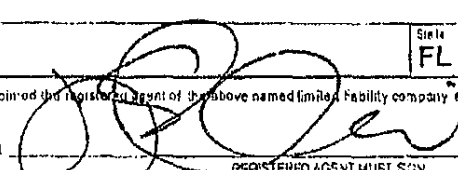
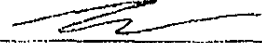
(((H15000104039 3)))

PLEASE READ ALL INSTRUCTIONS BEFORE COMP.

FILED

15 APR 28 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L06000053503 1. Limited Liability Company's Name NDC Partners, LLC			
2. Principal Office Address - No P.O. Box # 1001 Third Avenue West Suite, Apt. #, etc. Suite 600 City & State Bradenton, FL Zip 34205 Country US		3. Mailing Office Address Suite, Apt. #, etc. City & State City & State Zip Country	
4. State/Country of Formation Florida			
5. Date Organized or Qualified To Do Business in Florida 05/23/2006			
6. FEI Number 20-4956922		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status			
8. Name and Address of Current Registered Agent Name Blalock Walters, P.A. Street Address (P.O. Box Number is Not Acceptable) Suite, 802 11th Street W Apt. #, Etc. City Bradenton State FL Zip Code 34205			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Date 4/27/2015 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/Manager	Street Address of Encl. Authorized Representative/Manager	City / State / Zip
AMBR	NDC Investments, LLC	1001 Third Avenue West, Suite 600	Bradenton/FL/34205
REINSTATEMENT 2009 2015			
11. E-mail Address opennington@blalockwalters.com (Total used for future annual reports not to exceed)			
12. I certify that I am an authorized representative manager or the receiver or trustee empowered to exercise this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 800.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.			
Signature of authorized representative/member 		Date 4-29-15 Daytime Phone # (941) 745-1728	
Typed or printed name of signing authorized representative/member Ronald Allen, as President of NDC Investments, LLC			

mw


**BLALOCK
WALTERS**

A FLEXIBLE & CREATIVE FIRM

ATTORNEYS AT LAW

April 28, 2015

Mark P. Barnebey
 Anthony D. Bartirome
 Robert G. Blalock
 Ann K. Breitingner
 Lisbeth P. Bruce
 Jonathan D. Fleece
 Dana Carlson Gentry
 Alexander K. John
 Charles F. Johnson, III
 Mary Fabre LeVine
 Jason H. Levy
 Melanie Luten
 Michael D. Magidson
 Fred E. Moore
 Stephen G. Perry
 Matthew R. Plummer
 Marisa J. Powers
 William C. Robinson, Jr.
 Scott E. Rudacille
 Jennifer S. Schembri
 Amanda C. Smith
 Robert S. Stroud
 Clifford L. Walters
 Matthew D. Westerman

TO: Florida Department of State
FAX #: 850-617-6384

FROM: Ann Breitingner, Esq.

RE: NDC Partners, LLC
of Pages: 7 (including cover sheet)

RECEIVED
 15 APR 28 PM 4:24
 FEDERAL DEPT OF STATE

MESSAGE:

Please find enclosed the following:

A Reinstatement Filing for NDC Partners, LLC

A Certificate of Amendment for NDC Partners, LLC to change the name as a new entity as obtained the name "NDC Partners, LLC" during such time that this entity was not active.

Please feel free to email or call me with any questions regarding this filing.

-Annie

 ORIGINAL TO FOLLOW: ☐ YES ☒ NO VIA: ☐ U.S. MAIL ☐ OVERNIGHT MAIL

IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL (941) 748-0100.

To ensure compliance with Treasury Department regulations, we advise you that, unless otherwise expressly indicated, any tax advice contained in this communication (including any attachments) was not intended or written to be used, and cannot be used, for the purpose of (i) avoiding tax-related penalties under the Internal Revenue Code or applicable state or local tax law provisions or (ii) promoting, marketing or recommending to another party any tax-related matters addressed herein.

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 04/28/2015
 BlalockWalters.com

abreitingner@blalockwalters.com

4/28/2015

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000104039 3)))



H150001040393ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
Account Number : 076666003611
Phone : (941)748-0100
Fax Number : (941)745-2093

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: epennington@blalockwalters.com

LIMITED LIABILITY REINSTATEMENT

NDC PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,071.25

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 APR 14 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO7000071810

1. Limited Liability Company's Name

JIM OGLETREE SEPTIC SVC. LLC

2. Principal Office Address - No P.O. Box #

524 ROSS ST

Suite, Apt. #, etc.

City & State

SANFORD FL.

Zip

32773

Country

SEMINOLE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

JIMIFRED L. OGLETREE

Street Address (P.O. Box Number is Not Acceptable) Suite,

524 ROSS ST.

Apt. # Etc.

City

SANFORD

State

FL

Zip Code

32773

CR2ED41 (1/14)

4. State/Country of Formation

SEMINOLE

5. Date Organized or Qualified
To Do Business in Florida

09/27/2011

6. FBI Number

26-050069

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$9.00 Additional Fee required
for a certificate of status

400271778784

04/14/15 01023 013 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 03/12/2015

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgr.	OGLETREE, JIMIFRED	524 ROSS ST.	SANFORD FL. 32773

11. E-mail Address: lko524@cfl.rr.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Typed or printed name of signing authorized representative/member

JIMIFRED L. OGLETREE

Daytime Phone #

407-322-8837