

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L00000004263

Entity Name: N.D.C., L.L.C.

**FILED**  
**Mar 11, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

C/O EDWARD K. CHEFFY, ESQ.  
821 5TH AVE. SOUTH #201  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PISTNER  
PMB 87, PO BOX 413005  
NAPLES, FL 341032469 US

**New Mailing Address:**

FEI Number: 59-3640244

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PISTNER ASSOCIATES, INC.  
C/O EDWARD K. CHEFFY, ESQ.  
821 5TH AVE. SOUTH #201  
NAPLES, FL 34102 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: EDWARD CHEFFY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PISTNER, STEPHEN L  
Address: 821 5TH AVE. SOUTH #201  
City-St-Zip: NAPLES, FL 34102

Title: CFO  
Name: PATRICIA, PISTNER J  
Address: 821 5TH AVE. SOUTH #201  
City-St-Zip: NAPLES, FL 34102

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: PATRICIA PISTNER

MGRM

03/11/2013

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