

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L00000004759

Entity Name: 595 N. NOVA, LLC

**FILED**  
**Apr 26, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

595 N. NOVA ROAD  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

595 N. NOVA ROAD  
ORMOND BEACH, FL 32174

**New Mailing Address:**

200 E. GRANADA BLVD.,  
#200  
ORMOND BEACH, FL 32176

FEI Number: 59-3711271      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SELBY, DWIGHT  
595 N. NOVA ROAD  
ORMOND BEACH, FL 32174      US

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

SELBY, DWIGHT  
200 E. GRANADA BLVD.,  
#200  
ORMOND BEACH, FL 32176      US

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: DWIGHT SELBY

04/26/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: SELBY, DWIGHT C  
Address: 595 N. NOVA ROAD  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change ( ) Addition  
Name: SELBY, DWIGHT C  
Address: 200 E. GRANADA BLVD., #200  
City-St-Zip: ORMOND BEACH, FL 32176

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: DWIGHT C. SELBY

MGRM

04/26/2005

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