

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000011594

Entity Name: ENNEAD LLC

FILED  
Feb 13, 2009  
Secretary of State

**Current Principal Place of Business:**

1892 MYRICK ROAD  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**Current Mailing Address:**

1892 MYRICK ROAD  
TALLAHASSEE, FL 32303 US

**New Mailing Address:**

FEI Number: 03-0453944

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

DOLAN, LEO T  
2104 W. FIRST ST. #2303  
FORT MYERS, FL 33901 US

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

AUGUSTINE, CAMILLA A  
1892 MYRICK RD.  
TALLAHASSEE, FL 32303 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: CAMILLA A. AUGUSTINE

02/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DOLAN, LEO  
Address: 2104 W. FIRST ST. #2303  
City-St-Zip: FORT MYERS, FL 33901 US

Title: MGRM (X) Delete  
Name: AUGUSTINE, CAMILLA  
Address: 1892 MYRICK ROAD  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MGRM (X) Delete  
Name: THOMASON, LORA  
Address: 2104 W. FIRST ST. #2303  
City-St-Zip: FORT MYERS, FL 33901 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: AUGUSTINE, CAMILLA A  
Address: 1892 MYRICK RD.  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CAMILLA A. AUGUSTINE

MGRM

02/13/2009

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