

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000015084

Entity Name: PORTERPEBBS, LLC

**FILED**  
**Aug 27, 2014**  
**Secretary of State**

## **Current Principal Place of Business:**

141 N JOHN SIMS PKWY  
VALPARAISO, FL 32580

## **New Principal Place of Business:**

345 SHARON DRIVE  
NICEVILLE, FL 32578

## **Current Mailing Address:**

141 N JOHN SIMS PKWY  
VALPARAISO, FL 32580

## **New Mailing Address:**

345 SHARON DRIVE  
NICEVILLE, FL 32578

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

WRIGHT, WILLIAM R  
141 N JOHN SIMS PKWY  
VALPARAISO, FL 32580 US

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

WAYNE MONTGOMERY PER REP EST W.R. WRIGHT  
345 SHARON DRIVE  
NICEVILLE, FL 32578 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: WAYNE MONTGOMERY PER REP EST W.R. WRIGHT

08/27/2014

Electronic Signature of Registered Agent

Date

## **AUTHORIZED PERSONS:**

Title: MGR  
Name: WAYNE MONTGOMERY PER REP EST W.R. WRIGHT  
Address: 345 SHARON DRIVE  
City-St-Zip: NICEVILLE, FL 32578

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: WAYNE MONTGOMERY PER REP EST W.R. WRIGHT

MGR

08/27/2014

Electronic Signature of Authorized Person

Date