

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000016069

FILED
Apr 04, 2005
Secretary of State

Entity Name: RICHARD NELSON, IV, ENTERPRISES, LLC

Current Principal Place of Business:

P.O. BOX 565778
MIAMI, FL 332565778

New Principal Place of Business:

13610 JACKSON STREET
MIAMI, FL 33176 US

Current Mailing Address:

P.O. BOX 565778
MIAMI, FL 332565778

New Mailing Address:

13610 JACKSON STREET
MIAMI, FL 33176 US

FEI Number: 61-1418791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CORPORATION SERVICE COMPANY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: NELSON, RICHARD IV
Address: P.O. BOX 565778
City-St-Zip: MIAMI, FL 332565778

Title: MGR () Delete
Name: NELSON, STEPHANIE E
Address: 9375 SW 172ND TERRACE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NELSON, RICHARD IV
Address: 13610 JACKSON STREET
City-St-Zip: MIAMI, FL 33176 US

Title: MGR (X) Change () Addition
Name: NELSON, STEPHANIE E
Address: 13610 JACKSON STREET
City-St-Zip: MIAMI, FL 33176 US

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: STEPHANIE NELSON

MGR

04/04/2005

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