

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000001555

**FILED**  
**Oct 13, 2013**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA TRAINING AND SECURITY ASSOCIATES, LLC

**Current Principal Place of Business:**

13917 SOUND OVERLOOK DRIVE NORTH  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

13917 SOUND OVERLOOK DRIVE NORTH  
JACKSONVILLE, FL 32224

**New Mailing Address:**

**FEI Number:** 51-0493109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BROWN, THOMAS E  
13917 SOUND OVERLOOK DRIVE NORTH  
JACKSONVILLE, FL 32224 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: THOMAS E BROWN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BROWN, THOMAS E  
Address: 13917 SOUND OVERLOOK DRIVE NORTH  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: MGRM  
Name: ORLANDO, LOUIS E  
Address: 13972 SEA PRAIRIE LANE  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: MGRM  
Name: WIRTH, RONALD L  
Address: 581 MARSH HEN LANE  
City-St-Zip: FERNANDINA, FL 32034 US

Title: MGRM  
Name: MOORE, ROCKY  
Address: 10313 MARBLE EGRET DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257 US

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: THOMAS E BROWN

PRES

10/13/2013

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