

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000006525

**FILED**  
**Jan 10, 2007**  
**Secretary of State**

**Entity Name:** KNICKELBINE GROUP, LLC

**Current Principal Place of Business:**

456 TURNBERRY DRIVE  
CANTONMENT, FL 32533 US

**New Principal Place of Business:**

1319 E. MAXWELL STREET  
PENSACOLA, FL 32503 US

**Current Mailing Address:**

456 TURNBERRY DRIVE  
CANTONMENT, FL 32533 US

**New Mailing Address:**

POST OFFICE BOX 12745  
PENSACOLA, FL 32591 US

**FEI Number:** 59-3767470

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LITVAK, KRAMER A  
226 E. GOVERNMENT STREET  
PENSACOLA, FL 32502 US

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

CARR, BARBARA P  
1319 E. MAXWELL STREET  
PENSACOLA, FL 32503 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: BARBARA P. CARR

01/10/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KNICKELBINE, MICHAEL R  
Address: 456 TURNBERRY DRIVE  
City-St-Zip: CANTONMENT, FL 32533 US

Title: MGR ( ) Delete  
Name: CARR, DONALD C JR  
Address: 1319 E. MAXWELL STREET  
City-St-Zip: PENSACOLA, FL 32503

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KNICKELBINE, MICHAEL R  
Address: 4676 SWAMP CREEK LANE  
City-St-Zip: MILTON, FL 32583 US

Title: MGR (X) Change ( ) Addition  
Name: CARR, DONALD C JR  
Address: 1319 E. MAXWELL STREET  
City-St-Zip: PENSACOLA, FL 32503 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL R. KNICKELBINE

MGR

01/10/2007

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