

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000025207

Entity Name: NWFL MARINER, LLC

**FILED**  
**Oct 25, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

1784 FIM BLVD.  
FT. WALTON BEACH, FL 32547

**New Principal Place of Business:**

184 BROOKS STREET  
SUITE 1  
FT. WALTON BEACH, FL 32547

**Current Mailing Address:**

1784 FIM BLVD.  
FT. WALTON BEACH, FL 32547

**New Mailing Address:**

184 BROOKS STREET  
SUITE 1  
FT. WALTON BEACH, FL 32548

FEI Number: 86-1080158      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

WHTIFIELD, MICHAEL A  
1784 FIM BLVD.  
FT. WALTON BEACH, FL 32547      US

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

WHTIFIELD, MICHAEL A  
184 BROOKS STREET  
SUITE 1  
FT. WALTON BEACH, FL 32548      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: MICHAEL WHITFIELD

10/25/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: WHITFIELD, MICHAEL A  
Address: P.O. BOX 4051  
City-St-Zip: FT WALTON BEACH, FL 32549

**ADDITIONS/CHANGES:**

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: MICHAEL WHITFIELD

MGR

10/25/2007

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