

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000054575

Entity Name: NCOMPASS, LLC

**FILED**  
**Oct 16, 2009**  
**Secretary of State**

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

1050 ROSETTA DRIVE  
DELTONA, FL 32725 US

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

1532 TWIN OAKS DRIVE  
DELAND, FL 32720 US

## **Current Mailing Address:**

1050 ROSETTA DRIVE  
DELTONA, FL 32725 US

## **New Mailing Address:**

1532 TWIN OAKS DRIVE  
DELAND, FL 32720 US

FEI Number: 26-0076663

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RABORN, SANDRA J  
1050 ROSETTA DRIVE  
DELTONA, FL FL US

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

RABORN, SANDRA J  
1532 TWIN OAKS DRIVE  
DELAND, FL FL 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: SANDRA RABORN

10/16/2009

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RABORN, SANDRA J  
Address: 1050 ROSETTA DRIVE  
City-St-Zip: DELTONA, FL 32725 US

## **ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: RABORN, SANDRA J  
Address: 1532 TWIN OAKS DRIVE  
City-St-Zip: DELAND, FL 32720 US

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: SANDRA RABORN

MGR

10/16/2009

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