

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000018261

FILED  
Nov 19, 2008  
Secretary of State

**Entity Name:** NORTH FLORIDA ENCLOSURE, LLC

**Current Principal Place of Business:**

5001 HOMECREST CIR  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

5001 HOMECREST CIR  
JACKSONVILLE, FL 32244

**New Mailing Address:**

FEI Number: 20-0830472      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:**

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

NELSON, MIKE  
5001 HOMECREST CIR  
JACKSONVILLE, FL 32244      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: MIKE NELSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: NELSON, MIKE  
Address: 5001 HOMECREST CIR  
City-St-Zip: JACKSONVILLE, FL 32244

Title: OFC      (X) Delete  
Name: DODGE, SHAWN W  
Address: 4932 ORTEGA HILLS DR.  
City-St-Zip: JACKSONVILLE, FL 32244

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MIKE NELSON

MGR

11/19/2008

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