

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000019365

Entity Name: ETA, LLC

**FILED**  
**Nov 02, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

511 BROOKHAVEN DRIVE, 2ND FLOOR  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

832 AVIATOR DRIVE  
FORT WORTH, TX 76179

**New Mailing Address:**

511 BROOKHAVEN DRIVE, 2ND FLOOR  
ORLANDO, FL 32803

FEI Number: 20-0941059      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:**

FLOURNOY, JEFF  
511 BROOKHAVEN DRIVE, 2ND FLOOR  
ORLANDO, FL 32803      US

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

FLOURNOY, JEFFREY A  
511 BROOKHAVEN DRIVE, 2ND FLOOR  
ORLANDO, FL 32803      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: JEFFREY A FLOURNOY

11/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR      ( ) Delete  
Name: FLOURNOY, JEFFREY MGR.  
Address: 511 BROOKHAVEN DRIVE, 2ND FLOOR  
City-St-Zip: ORLANDO, FL 32803

**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: JEFFREY A FLOURNOY

MGR

11/02/2009

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