2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 23, 2008
Secretary of State

DOCUMENT# L04000022352

Entity Name: NEWCOMB ENTERPRISE LLC

Current Principal Place of Business:

6749 LAKE WINONA RD
DELEON SPRINGS, FL 32130

New Principal Place of Business:

Current Mailing Address:

6749 LAKE WINONA RD
DELEON SPRINGS, FL 32130

New Mailing Address:

FEI Number: 20-0899540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

NEWCOMB, RANDALL E OWNER
6749 LAKE WINONA RD
DELEON SPRINGS, FL 32130 US

Name and Address of New Registered Agent:

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: RANDALL NEWCOMB

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: NEWCOMB, RANDALL E
Address: 6749 LAKE WINONA RD
City-St-Zip: DELEON SPRINGS, FL 32130

Title: MGR ( ) Delete
Name: NEWCOMB, AMANDA S CO-OWNE
Address: 6749 LAKE WINONA RD
City-St-Zip: DELEON SPRINGS, FL 32130

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: AMANDA NEWCOMB MGR 10/23/2008

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