2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 22, 2005
Secretary of State

DOCUMENT# L04000030104

Entity Name: THOMAS BOLDS, L.L.C.

Current Principal Place of Business:

712 UNDERWOOD AVE., BLDG 702, UNIT K
PENSACOLA, FL 325049164

New Principal Place of Business:

2100 SPINK LANE, #23
PENSACOLA, FL 32504

Current Mailing Address:

712 UNDERWOOD AVE., BLDG 702, UNIT K
PENSACOLA, FL 325049164

New Mailing Address:

2100 SPINK LANE, #23
PENSACOLA, FL 32504

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

BOLDS, THOMAS
712 UNDERWOOD AVE., BLDG 702, UNIT K
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

BOLDS, THOMAS
2100 SPINK LANE, #23
PENSACOLA, FL 32504 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: THOMAS BOLDS 10/22/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BOLDS, THOMAS
Address: 712 UNDERWOOD AVE., BLDG 702, UNIT K
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BOLDS, THOMAS
Address: 2100 SPINK LANE, #23
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS BOLDS MGR 10/22/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date