2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# L04000030104

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

Current Principal Place of Business:

2100 SPINK LANE, #23
PENSACOLA, FL 32504

New Principal Place of Business:

8194 OLD SPAINISH TRAIL LANE
BUILDING G, UNIT 82
PENSACOLA, FL 32514

Current Mailing Address:

2100 SPINK LANE, #23
PENSACOLA, FL 32504

New Mailing Address:

8194 OLD SPAINISH TRAIL LANE
BUILDING G, UNIT 82
PENSACOLA, FL 32514

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
2100 SPINK LANE, #23
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

BOLDS, THOMAS
8194 OLD SPAINISH TRAIL LANE
BUILDING G, UNIT 82
PENSACOLA, FL 32514 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 01/03/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BOLDS, THOMAS
Address: 8194 OLD SPAINISH TRAIL LANE, BLDG G, #82
City-St-Zip: PENSACOLA, FL 32514

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS BOLDS MGR 01/03/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date