

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000031082

FILED
Oct 06, 2006
Secretary of State

Entity Name: DANIEL MARK NELSON. LLC

Current Principal Place of Business:

407 EDISON DRIVE
PENSACOLA, FL 32505

New Principal Place of Business:

15 CAREY AVE
PENSACOLA, FL 32506

Current Mailing Address:

407 EDISON DRIVE
PENSACOLA, FL 32505

New Mailing Address:

15 CAREY AVE
PENSACOLA, FL 32506

FEI Number: 20-1024632 **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:

NELSON, DANIEL M
407 EDISON DRIVE
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

NELSON, DANIEL M
15 CAREY AVE
PENSACOLA, FL 32506 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: DANIEL MARK NELSON

10/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NELSON, CARLA M
Address: 407 EDISON DRIVE
City-St-Zip: PENSACOLA, FL 32505

Title: MGRM () Delete
Name: FOREMAN, JOHN H
Address: 13571 ZODIAC DRIVE
City-St-Zip: PENSACOLA, FL 32507

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 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: CARLA MARIE NELSON

MGR

10/06/2006

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