

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000057513

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** CASSIDY COMMUNICATIONS & DEVELOPMENT, LLC

**Current Principal Place of Business:**

8359 BEACON BLVD.  
SUITE 122  
FORT MYERS, FL 33907 US

**New Principal Place of Business:**

6340 TECHSTER BLVD.  
SUITE 1  
FORT MYERS, FL 33966 US

**Current Mailing Address:**

8359 BEACON BLVD.  
SUITE 122  
FORT MYERS, FL 33907 US

**New Mailing Address:**

6340 TECHSTER BLVD.  
SUITE 1  
FORT MYERS, FL 33966 US

**FEI Number:** 20-1515102

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASSIDY, EDWARD J IV  
5346 CHIPPENDALE CIRCLE  
FORT MYERS, FL 33919 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:** EDWARD J. CASSIDY, IV

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CASSIDY, IV, EDWARD J  
**Address:** 5346 CHIPPENDALE CIRCLE  
**City-St-Zip:** FORT MYERS, FL 33919 US

I hereby 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:** EDWARD J. CASSIDY, IV

MGRM

04/23/2012

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