

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 29 AM 9:45

DOCUMENT # L04000064840

1. Entity Name
NOBILE CONSULTING, U.S.A., LLC



Principal Place of Business
888 COLORADO AVENUE
STUART, FL 34994

Mailing Address
888 COLORADO AVENUE
STUART, FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11232005 REIN-LLC CR2E101 (6/04)

4. FEI Number

Applied For

No: Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOPKO, JAMES
853 SE MONTEREY COMMONS BOULEVARD
STUART, FL 34996

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME DEPASCALE, ROBERTO C
STREET ADDRESS 260 BARBADOS DRIVE
CITY-ST-ZIP JUPITER, FL 33458

TITLE ☐ Change ☐ Addition
NAME 100061746751
STREET ADDRESS 11/29/05--01028--007 **\$50.00
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME NOBILE, DANIEL
STREET ADDRESS 260 BARBADOS DRIVE
CITY-ST-ZIP JUPITER, FL 33458

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/23/05

Date

Daytime Phone #