

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000067759 1. Entity Name NOBLE, LLC					
Principal Place of Business 2304 W. TAFT VINELAND ROAD ORLANDO, FL 32837			Mailing Address 2304 W. TAFT VINELAND ROAD ORLANDO, FL 32837		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	10292008 REIN-LLC CR2E101 (1/07)	
4. FEI Number				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent ROSE, MELISSA 2304 W. TAFT VINELAND ROAD ORLANDO, FL 32837			7. Name and Address of New Registered Agent 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 <i>Melissa Rose</i> Signature, typed or printed name of registered agent and title if applicable. MELISSA ROSE (NOTE: Registered Agent signature required when reinstating) <i>11-4-08</i> DATE					
FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NOBLE, ROBERT G 2304 W. TAFT VINELAND ROAD ORLANDO, FL 32837		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000137795030 11/10/08--01067--011 **238.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. ROBERT G. NOBLE MANAGING MEMBER <i>11-4-08</i> (407) 240-7900					
SIGNATURE: <i>Robert G. Noble</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

REINSTATEMENT