

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000075814

FILED
Feb 11, 2010
Secretary of State

Entity Name: GOODWIN, KREBS, WHITAKER, AND MOYE, "LLC"

Current Principal Place of Business:

2115 WEST NINE MILE ROAD
SUITE 4
PENSACOLA, FL 32434 US

New Principal Place of Business:

2115 WEST NINE MILE ROAD
SUITE15
PENSACOLA, FL 32434 US

Current Mailing Address:

2115 WEST NINE MILE ROAD
SUITE 4
PENSACOLA, FL 32434 US

New Mailing Address:

2115 WEST NINE MILE ROAD
SUITE15
PENSACOLA, FL 32434 US

FEI Number: 76-0772405 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

KREBS, RONDA G
6138 THE OAKS LANE
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

KREBS, RONDA G
5650 HWY 97
WALNUT HILL, FL 32568 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: RONDA G KREBS

02/11/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GOODWIN, COLLIE C
Address: 1501 VERT LANE
City-St-Zip: CANTONMENT, FL 32533 US

Title: MGRM
Name: KREBS, RONDA G
Address: 5650 HWY 97
City-St-Zip: WALNUT HILL, FL 32568 US

Title: MGRM
Name: WHITAKER, DAWN Y
Address: 493 MCKENZIE ROAD
City-St-Zip: CANTONMENT, FL 32533 US

Title: MGRM
Name: MOYE, TONIA A
Address: 1030 ISABELLA ROAD
City-St-Zip: CANTONMENT, FL 32533 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: RONDA G KREBS

MGRM

02/11/2010

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