# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Jun 24, 2009**
**Secretary of State**

DOCUMENT# L05000018435

**Entity Name:** NOLES-SPELL, LLC

**Current Principal Place of Business:**

2612 WEST 15TH STREET
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

2612 WEST 15TH STREET
PANAMA CITY, FL 32401 US

**New Mailing Address:**

**FEI Number: 06-1741098** **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:**

PERRY, HENRY L ESQ.
2612 WEST 15TH STREET
PANAMA CITY, FL 32401 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: HENRY L PERRY

Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: NOLES, R. MARK
Address: 1520 MICHIGAN AVENUE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MGRM ( ) Delete
Name: NOLES, CHAD R
Address: 1520 MICHIGAN AVENUE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MGRM ( ) Delete
Name: NOLES, SHERRY A
Address: 1520 MICHIGAN AVENUE
City-St-Zip: LYNN HAVEN, FL 32444 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: NOLES, CHAD R
Address: 1520 MICHIGAN AVENUE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MGR (X) Change ( ) Addition
Name: NOLES, SHERRY A
Address: 1520 MICHIGAN AVENUE
City-St-Zip: LYNN HAVEN, FL 32444 US

I hereby certify that the information supplied with this filing does not qualify 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: R. MARK NOLES MGRM 06/24/2009

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