

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000029889

**FILED**  
**Nov 22, 2006**  
**Secretary of State**

**Entity Name:** NISLEY PROPERTIES LLC

**Current Principal Place of Business:**

26 GADDIS BRANCH ROAD  
MAGGIE VALLEY, NC 287518615

**New Principal Place of Business:**

2881 MIRA LODA DR  
SARASOTA, FL 34240

**Current Mailing Address:**

26 GADDIS BRANCH ROAD  
MAGGIE VALLEY, NC 287518615

**New Mailing Address:**

44 GADDIS BRANCH ROAD  
MAGGIE VALLEY, NC 287518615

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

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

MERRILL, CULLIS, ET AL  
ATTN: F. THOMAS HOPKINS  
2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237 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: THOMAS F. HOPKINS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: NISLEY, ANDREW M  
Address: 26 GADDIS BRANCH ROAD  
City-St-Zip: MAGGIE VALLEY, NC 287518615

Title: MGR (X) Change ( ) Addition  
Name: NISLEY, ANDREW M  
Address: 2881 MIRA LODA DR  
City-St-Zip: SARASOTA, FL 34240

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDREW M. NISLEY

MGR

11/22/2006

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