

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 29, 2009  
Secretary of State**

DOCUMENT# L05000052739

Entity Name: DC NOON, LLC

**Current Principal Place of Business:**

7205 ESTERO BLVD  
FORT MYERS BEACH, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

7205 ESTERO BLVD  
SUITE 731  
FORT MYERS BEACH, FL 33907

**New Mailing Address:**

FEI Number: 20-3257838      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:**

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

HOWES, SAMANTHA  
HILL BARTH & KING, LLC  
8010 SUMMERLIN LAKES DR #200  
FORT MYERS, FL 33907 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: SAMANTHA HOWES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: NOON, LARRY  
Address: 2 MORELAND GREEN DRIVE  
City-St-Zip: WORCESTER, MA 01609

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

Title: MGRM ( ) Delete  
Name: HILDRETH, CRAIG  
Address: 8617 RIVER HOMES LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

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

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: CRAIG HILDRETH

MGMR

10/29/2009

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