

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000059474

Entity Name: N L DICKSON LLC

**FILED**  
**Apr 02, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

333 WOOD DOVE AVE  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

333 WOOD DOVE AVE  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

FEI Number: 26-0117955

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DICKSON, NORMAN L  
333 WOOD DOVE AVE  
TARPON SPRINGS, FL 34689 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: NORMAN L DICKSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DICKSON, NORMAN L  
Address: 333 WOOD DOVE AVE  
City-St-Zip: TARPON SPRINGS, FL 34689 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: NORMAN L DICKSON

MGR

04/02/2013

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