

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000077362

Entity Name: MARK NIXON HOLDINGS LLC

**FILED**  
**May 10, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

11385 W COAL MINE DR  
LITTLETON, CO 80127 US

**New Principal Place of Business:**

418B N. DALE MABRY HWY  
TAMPA, FL 33609 US

**Current Mailing Address:**

11385 W COAL MINE DR  
LITTLETON, CO 80127 US

**New Mailing Address:**

418B N. DALE MABRY HWY  
TAMPA, CO 33609 US

FEI Number: 20-3633873      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:**

MARYBETH, DESARLE  
1205 S. 21ST AVE  
HOLLYWOOD, FL 33020 US

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

JOE, LAFATA  
5300 W. CYPRESS STREET, SUITE 247  
TAMPA, FL 33607 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: JOE LAFATA

05/10/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MARK, NIXON D  
Address: 11385 W COAL MINE DR  
City-St-Zip: LITTLETON, CO 80127 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MARK, NIXON D  
Address: 418B N. DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33609 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: MARK NIXON

MGR

05/10/2007

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