

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Oct 24, 2008**  
**Secretary of State**

DOCUMENT# L05000116041

**Entity Name:** BC 14071 NCA, LLC

**Current Principal Place of Business:**

14071 N CLEVELAND AVENUE  
NORTH FORT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1669  
FORT MYERS, FL 33902

**New Mailing Address:**

9160 THE LANE  
NAPLES, FL 34109

**FEI Number:** 20-3954649      **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:**

ELLIS, SETH E ESQ  
2385 EXECUTIVE CENTER DRIVE STE 190  
BOCA RATON, FL 33431      US

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

MCNULTY, DAVID N  
9160 THE LANE  
NAPLES, FL 34109      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: DAVID N. MCNULTY

10/24/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MCNULTY MANAGEMENT C, ORP.  
Address: 904 CAPE CORAL PARKWAY  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: MCNULTY MANAGEMENT C, ORP.  
Address: 9160 THE LANE  
City-St-Zip: NAPLES, FL 34109

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: DAVID N. MCNULTY

MBR

10/24/2008

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