2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000122474

Entity Name: NU HORIZONS, LLC

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4233 BELLASOL CIRCLE, #1812 909 RUSH AVE

FORT MYERS, FL 33916 LEHIGH ACRES, FL 33972

Current Mailing Address: New Mailing Address:

4233 BELLASOL CIRCLE, #1812 909 RUSH AVE

FORT MYERS, FL 33916 LEHIGH ACRES, FL 33972

FEI Number: 56-2549977 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: Name and Address of New Registered Agent:

THOMPSON, EVET THOMPSON, EVET 4233 BELLASOL CIRCLE, #1812 THOMPSON, EVET 909 RUSH AVE

FORT MYERS, FL 33916 US LEHIGH ACRES, FL 33972 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: EVET THOMPSON 01/14/2009

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

LEHIGH ACRES, FL 33972

City-St-Zip:

MANAGING MEMBERS/MANAGERS:

FORT MYERS, FL 33916

City-St-Zip:

MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 THOMPSON, EVET
 Name:
 THOMPSON, EVET

 Address:
 4233 BELLASOL CIRCLE, #1812
 Address:
 909 RUSH AVE

City-St-Zip: FORT MYERS, FL 33916 City-St-Zip: LEHIGH ACRES, FL 33972

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: THOMPSON, KERRY-ANN Name: THOMPSON, KERRY-ANN

Address: 4233 BELLASOL CIRCLE, #1812 Address: 909 RUSH AVE

Title: MGRM () Delete Title: MGRM (X) Change () Add

 Title:
 MGRM () Delete
 Title:
 MGRM (X) Change () Addition

 Name:
 WARISO, MABEL
 Name:
 THOMPSON, TERRENCE

Address: 909 RUSH AVE Address: 909 RUSH AVE

City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: LEHIGH ACRES, FL 33972

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: EVET THOMPSON MGRM 01/14/2009