

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 13, 2009
Secretary of State

DOCUMENT# L06000041957

Entity Name: NCE ENTERPRISES LLC

Current Principal Place of Business:

C/O JOHN MCKENNEY, 1015 ATLANTIC BLVD
338
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

C/O JOHN MCKENNEY, 95 CARRIAGE CREEK WAY
ORMOND BEACH, FL 03124

Current Mailing Address:

C/O JOHN MCKENNEY, 1015 ATLANTIC BLVD
338
ATLANTIC BEACH, FL 32233

New Mailing Address:

C/O JOHN MCKENNEY, 1802 ROUTE 31 NORTH
340
CLINTON, NJ 08809

FEI Number: 43-2104422 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:

MCKENNEY, JOHN
1015 ATLANTIC BLVD
338
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

MCKENNEY, JOHN
95 CARRIAGE CREEK WAY
ORMOND BEACH, FL 03214 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: JOHN MCKENNEY

10/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCKENNEY, JOHN
Address: 1015 ATLANTIC BLVD #338
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: MGR () Delete
Name: MCKENNEY, CHRISTINE
Address: 1015 ATLANTIC BLVD #338
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: MGR () Delete
Name: ECKART, DAN
Address: 1015 ATLANTIC BLVD #338
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: MGR () Delete
Name: ECKART, AMANDA
Address: 1015 ATLANTIC BLVD #338
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCKENNEY, JOHN
Address: 95 CARRIAGE CREEK WAY
City-St-Zip: ORMOND BEACH, FL 03124

Title: MGR (X) Change () Addition
Name: MCKENNEY, CHRISTINE
Address: 1802 ROUTE 31 NORTH #340
City-St-Zip: CLINTON, NJ 08809

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

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: JOHN MCKENNEY

MGR

10/13/2009

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