

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000069931

Entity Name: NDV MERCO, LLC

FILED
Jan 02, 2008
Secretary of State

Current Principal Place of Business:

3230 MURRELL ROAD
SUITE 200
ROCKLEDGE, FL 32955 US

Current Mailing Address:

3230 MURRELL ROAD
SUITE 200
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

1037 PATHFINDER WAY
SUITE 140
ROCKLEDGE, FL 32955 US

New Mailing Address:

1037 PATHFINDER WAY
SUITE 140
ROCKLEDGE, FL 32955 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

MCCOIG, RALPH J JR
3230 MURRELL ROAD
SUITE 200
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

MCCOIG, RALPH J JR
1037 PATHFINDER WAY
SUITE 140
ROCKLEDGE, FL 32955 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: RALPH MCCOIG

01/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCCOIG, RALPH J JR
Address: 3230 MURRELL ROAD, SUITE 200
City-St-Zip: ROCKLEDGE, FL 32955 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCCOIG, RALPH J JR
Address: 1037 PATHFINDER WAY SUITE 140
City-St-Zip: ROCKLEDGE, FL 32955 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: RALPH MCCOIG

MGR

01/02/2008

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