## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L06000093285

Address:

City-St-Zip:

NICEVILLE, FL 32578 US

Entity Name: R. M. BARBER & ASSOCIATES, LLC

FILED Jan 17, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 111 YACHT CLUB DRIVE NE FT. WALTON BEACH, FL 32548 US **Current Mailing Address: New Mailing Address:** P.O. BOX 1230 SHALIMAR, FL 32579 US FEI Number: 14-1977578 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARBER, ANGEL D 111 YACHT CLUB DRIVE NE US FT. WALTON BEACH, FL 32548 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: ANGEL D. BARBER Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete BARBER, ROBERT M Name: Name: Address: 111 YACHT CLUB DRIVE NE Address: City-St-Zip: FT. WALTON BEACH, FL 32548 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: BARBER, ANGEL D Name: Address: 111 YACHT CLUB DRIVE NE Address: City-St-Zip: FT. WALTON BEACH, FL 32548 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition PARSONS, ALICE J Name: Name: 353 EVERGREEN AVENUE

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.

Address:

City-St-Zip:

SIGNATURE: ANGEL D. BARBER 01/17/2008