

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000094947

FILED
Dec 04, 2007
Secretary of State

Entity Name: POWER CAPITAL GROUP OF NORTHWEST FLORIDA, LLC

Current Principal Place of Business:

4421 COMMONS DR E
187
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

4421 COMMONS DR E
187
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 20-5618442 **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:

WYROUGH, WILLIAM E JR.
10859 EMERALD COAST PKWY W
204 - 426
MIRAMAR BEACH, FL 32550 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: WILLIAM E. WYOURGH, JR.

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: FOOTPRINT HOLDINGS., LLC
Address: 4421 COMMONS DR E, SUITE 187
City-St-Zip: DESTIN, FL 32541 US

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

Title: MGRM () Delete
Name: CONICLE VALVUE, LLC,
Address: 2112 BELLE CHASSE HWY, SUITE 11-235
City-St-Zip: GRETN, LA 70056-713 US

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: PETER MCMAHON, ADMIN., MEMBER

MGRM

12/04/2007

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