

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000003218

**FILED**  
**Jul 22, 2009**  
**Secretary of State**

**Entity Name:** SLACK ENTERPRISES, LLC

**Current Principal Place of Business:**

1203 VAN KIRK AVENUE  
PENSACOLA, FL 32503 US

**New Principal Place of Business:**

7150 PLANTATION RD.  
228  
PENSACOLA, FL 32504 US

**Current Mailing Address:**

1203 VAN KIRK AVENUE  
PENSACOLA, FL 32503 US

**New Mailing Address:**

7150 PLANTATION RD.  
228  
PENSACOLA, FL 32504 US

**FEI Number:** 30-0400297

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LYNCHARD LAW FIRM, P.A.  
1901 ANDORRA STREET  
NAVARRE, FL 32566 US

**Name and Address of New Registered Agent:**

SLACK, REGINALD B  
7150 PLANTATION RD.  
228  
PENSACOLA, FL 32504 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:** REGINALD B. SLACK

07/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** SLACK, REGINALD B  
**Address:** 1203 VAN KIRK AVENUE  
**City-St-Zip:** PENSACOLA, FL 32503 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** SLACK, REGINALD B  
**Address:** 7150 PLANTATION RD SUITE 228  
**City-St-Zip:** PENSACOLA, FL 32504 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:** REGINALD B. SLACK

MGRM

07/22/2009

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