

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000009219

Entity Name: NOLAN BRIDGE, LLC

FILED
Oct 17, 2009
Secretary of State

Current Principal Place of Business:

4255 LEWIS AVENUE
PENNEY FARMS, FL 32079

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1057
PENNEY FARMS, FL 32079

New Mailing Address:

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:

THOMPSON, HAROLD G
4255 LEWIS AVENUE
PENNEY FARMS, FL 32079 US

Name and Address of New Registered Agent:

THOMPSON, HAROLD G
4255 LEWIS AVENUE
P. O. BOX 1057
PENNEY FARMS, FL 32079 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: HAROLD G. THOMPSON

10/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THOMPSON, HAROLD G
Address: 4255 LEWIS AVENUE
City-St-Zip: PENNEY FARMS, FL 32079

Title: MGRM () Delete
Name: THOMPSON, RONALD L
Address: 10150 HALSEY
City-St-Zip: LENEXA, KS 66215

ADDITIONS/CHANGES:

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: HAROLD G. THOMPSON

MGR

10/17/2009

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