

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000027606

**FILED**  
**Aug 29, 2014**  
**Secretary of State**

**Entity Name:** COASTAL INFORMATION SYSTEMS, "L.L.C."

**Current Principal Place of Business:**

8864 SE PELICAN ISLAND WAY  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

1501 PARTIN DR N  
259  
NICEVILLE, FL 32578

**Current Mailing Address:**

837 SURFSIDE AVE  
VIRGINIA BEACH, VA 23451

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

MCCRACKEN, LISA L  
8864 SE PELICAN ISLAND WAY  
HOBE SOUND, FL 33455 US

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

MCCRACKEN, LISA L  
1501 PARTIN DR N  
259  
NICEVILLE, FL 32578 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: LISA L MCCRACKEN

08/29/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: MCCRACKEN, STEVE P  
Address: 837 SURFSIDE AVE  
City-St-Zip: VIRGINIA BEACH, VA 23451

I hereby 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: LISA L MCCRACKEN

PRES

08/29/2014

Electronic Signature of Authorized Person

Date