

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Sep 28, 2009
Secretary of State**

DOCUMENT# L07000044315

Entity Name: PERSNICKETY LLC

Current Principal Place of Business:

210 REID AVENUE
PORT SAINT JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

210 REID AVENUE
PORT SAINT JOE, FL 32456

New Mailing Address:

FEI Number: 20-8915054 FEI Number Applied For () FEI Number Not Applicable () 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:

Name and Address of New Registered Agent:

PICKETT, LEISA
210 REID AVENUE
PORT SAINT JOE, FL 32456 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: LEISA PICKETT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: NORTON, ERIKA
Address: 103 ST. JOSEPH DRIVE
City-St-Zip: PORT SAINT JOE, FL 32456

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

Title: MGRM () Delete
Name: PICKETT, LEISA
Address: 208 GAUTIER MEMORIAL LANE
City-St-Zip: PORT SAINT JOE, FL 32456

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

Title: MGRM () Delete
Name: WARRINER, TRISH
Address: 1601 CONSTITUTION DRIVE
City-St-Zip: PORT SAINT JOE, FL 32456

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: LEISA PICKETT

MGRM

09/28/2009

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