

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H100000466413)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number: 120010000062

Phone Fax Number

(323)962-8600 : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LIMITEDLIABILITYREINSTATEMENT NASSAU ENERGY LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$516.25

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

MAR - 2 2010

EXAMINER

FAX COVER SHEET

ТО					
COMPANY					
FAX NUMBER	18506176383				
FROM	Barbara Dang				
DATE	3/1/2010 12:34:28 PM PST				
RE	Reinstatement Filing				

COVER MESSAGE

LZ order # 7617217

Thank you!

Page 1 of 3

	PLEASE READ	ALL INSTR	UCTIONS BEFORE	COMPLET	ING THIS FORM.				
COMPANY REINSTATEMENT LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations						BECRET DIVISION O			
DOCUMENT # L07000046689 1. Limited Liability Company's Name NASSAU ENERGY LLC				CRZEO41 (11/09)					
			Address	A StateCour	my of Formation	55			
Sunte, Apt.	#, etc.		Suite, Apt. #, etc.						
City & Stat	•	City & State			ness in Florida 05/02	05/02/2007			
WASI	HINGTON, NC	WASHINGTON, NC		6. FEI Number	6. FEI Number Applied For Not Applied by Not Applied by				
^{z₀} 27889	Country USA	Zip 27889	USA	7. CENTROPATE OF STATUS DESIGNED [7]		Zonna antonino propries. Prostrum al Status			
	8. Name and Address (of Current Registers	rd Agent		,				
Name UNITED STATES CORPORATION AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 13302 WINDING OAKS BLVD Suite, Aprl. 8, Etc.				A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were					
SUITI	E A-100		100 to 1	not received and requesting the \$100 reinstatement be waived.					
City T	AMPA		State Zip Code FL 33612						
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and a Signature of CORPORATION AGENTS, INC. REGISTERED AGENT MUST SIGN					· -				
10, Nem	es and Street Addresses of Managing Me	mbers/Managers		- *********					
Titles	Name of Managers Managers		Street Address of Each Managing Member/Manager		Crity / State	/ Zip			
MGRM	DAMON GORD	ON 4	40 PAMLICO F	PLAZA	WASHINGTON	NC 27889			
-			· 						
· · · · · · · · · · · · · · · · · · ·			MI - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -						

11. E-mail	11. E-mail Address: damonegordon@aol.com (To be used for future annual (secret notifications)								
12. I certify that I am managing membel/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when fling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 508, 405, F.S., and that all fees owned by the limited liability company have been gald. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under ceth.									
Signature of Managing Member/Manager Agreement April 2000 Daytime Phone # 2523475695									
Typed or primed name of agning Managing Member/Manager DAMON GORDON									

