

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000065144

**FILED**  
**Apr 09, 2013**  
**Secretary of State**

**Entity Name:** NIMS TACTICAL SIMULATIONS, LLC

**Current Principal Place of Business:**

115 HICKORY STREET  
SUITE 202  
MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

115 HICKORY STREET  
SUITE 202  
MELBOURNE, FL 32904 US

**New Mailing Address:**

**FEI Number:** 26-0394873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MURPHY, JAMES E  
3045 S. HWY A1A  
301  
MELBOURNE BEACH, FL 32951 US

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

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:** JAMES E. MURPHY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** PRES  
**Name:** MURPHY, JAMES  
**Address:** 115 HICKORY STREET #202  
**City-St-Zip:** MELBOURNE, FL 32904 US

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 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:** JAMES MURPHY

PRES

04/09/2013

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