2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Aug 06, 2009
Secretary of State

DOCUMENT# L07000116926

Entity Name: CLECO & COMPANY, LLC

Current Principal Place of Business:

6919 DISTRIBUTION AVE. S
SUITE #5
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

2842 DAFFODIL CIR W
JACKSONVILLE, FL 32246 US

Current Mailing Address:

6919 DISTRIBUTION AVE. S
SUITE #5
JACKSONVILLE, FL 32256 US

New Mailing Address:

2842 DAFFODIL CIR W
JACKSONVILLE, FL 32246 US

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:

SIPLE, CAMERON D
2842 DAFFODIL CIR W
JACKSONVILLE, FL 32246 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: CAMERON SIPLE
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SIPLE, CAMERON D
Address: 2842 DAFFODIL CIR W
City-St-Zip: JACKSONVILLE, FL 32246 US

ADDITIONS/CHANGES:

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: CAMERON SIPLE MGRM 08/06/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date