

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000040049

**FILED**  
**Nov 17, 2009**  
**Secretary of State**

**Entity Name:** EMERALD COAST TECHNOLOGY & IT SOLUTIONS L.L.C.

**Current Principal Place of Business:**

1008 AIRPORT RD., SUITE F  
DESTIN, FL 32541

**New Principal Place of Business:**

3999 COMMONS DRIVE WEST  
SUITE D  
DESTIN, FL 32541

**Current Mailing Address:**

1008 AIRPORT RD., SUITE F  
DESTIN, FL 32541

**New Mailing Address:**

3999 COMMONS DRIVE WEST  
SUITE D  
DESTIN, FL 32541

**FEI Number:** 26-2869252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CROSSLIN, GREG D  
1008 AIRPORT RD., SUITE F  
DESTIN, FL 32541 US

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

CROSSLIN, GREG D  
3999 COMMONS DRIVE WEST  
SUITE D  
DESTIN, FL 32541 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: GREG CROSSLIN

11/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CROSSLIN, GREG D  
Address: 1008 AIRPORT RD., SUITE F  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CROSSLIN, GREG D  
Address: 3999 COMMONS DRIVE WEST STE D  
City-St-Zip: DESTIN, FL 32541

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: GREG CROSSLIN

MGRM

11/17/2009

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