# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Oct 29, 2009**
**Secretary of State**

DOCUMENT# L08000097717

**Entity Name:** N.K&N ENTERPRISES LLC

**Current Principal Place of Business:**

590 A1A BEACH BLVD
ELKTON, FL 32080

**New Principal Place of Business:**

5251 CYPRESS LINKS BLVD
ELKTON, FL 32033

**Current Mailing Address:**

5251 CYPRESS LINKS BLVD
ELKTON, FL 32033

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
**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:**

NORQUIST, MICHAEL F MR.
590 A1A BEACH BLVD
ST. AUGUSTINE, FL 32080 US

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

NORQUIST, MICHAEL F MR.
5251 CYPRESS LINKS BLVD
ELKTON, FL 32033 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: MICHAEL NORQUIST 10/29/2009
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: NORQUIST, MICHAEL F MR.
Address: 590 A1A BEACH BLVD
City-St-Zip: ST, AUGUSTINE, FL 32080

Title: MGRM (X) Delete
Name: KISS, PETER MR.
Address: 590 A1A BEACH BLVD
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGMR ( ) Delete
Name: NORQUIST, ELIZABETH T MRS..
Address: 590 A1A BEAHC BLVD
City-St-Zip: ST. AUGUSTINE, FL 32080

**ADDITIONS/CHANGES:**

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

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

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: ELIZABETH NORQUIST OWNE 10/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date