

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000117646

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** 3DARCH LLC

**Current Principal Place of Business:**

8355 CANDLEWOOD COVE TRAIL  
JACKSONVILLE, FL 32244 US

**New Principal Place of Business:**

**Current Mailing Address:**

8355 CANDLEWOOD COVE TRAIL  
JACKSONVILLE, FL 32244 US

**New Mailing Address:**

**FEI Number:** 26-3940800      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

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

NEWCOMB, LARRY S  
8355 CANDLEWOOD COVE TRAIL  
JACKSONVILLE, FL 32244 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:** LARRY S NEWCOMB

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** NEWCOMB, LARRY S  
**Address:** 8355 CANDLEWOOD COVE TRAIL  
**City-St-Zip:** JACKSONVILLE, FL 32244 US

**Title:** MGRM  
**Name:** NEWCOMB, ERICA L  
**Address:** 8355 CANDLEWOOD COVE TRAIL  
**City-St-Zip:** JACKSONVILLE, FL 32244 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:** LARRY S NEWCOMB

MR

04/20/2010

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