

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000007920

**Entity Name:** NORMAND M LABBE, LLC

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1002 E 3RD ST  
LEHIGH ACRES, FL 33936 US

**New Principal Place of Business:**

**Current Mailing Address:**

1002 E 3RD ST  
LEHIGH ACRES, FL 33936 US

**New Mailing Address:**

**FEI Number:** 23-4116083

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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:** LAURA REGIER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** LABBE, NANCY  
**Address:** 1002 E 3RD ST  
**City-St-Zip:** LEHIGH ACRES, FL 33936 US

**Title:** MGRM  
**Name:** LABBE, NORMAND  
**Address:** 1002 E 3RD ST  
**City-St-Zip:** LEHIGH ACRES, FL 33936 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:** NANCY M LABBE

MGRM

02/14/2011

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