

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000031894

Entity Name: ELOCIN NIRE, LLC

**FILED**  
**Nov 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

18520 CYPRESS HAVEN DRIVE  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

6921 LAKEWOOD ISLE DR  
FORT MYERS, FL 33908 US

**Current Mailing Address:**

18520 CYPRESS HAVEN DRIVE  
FORT MYERS, FL 33908 US

**New Mailing Address:**

6921 LAKEWOOD ISLE DR  
FORT MYERS, FL 33908 US

FEI Number: 26-4583249

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRECHBILL, COLIN M  
18520 CYPRESS HAVEN DRIVE  
FORT MYERS, FL 33908 US

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

BRECHBILL, COLIN M  
6921 LAKEWOOD ISLE DR.  
FORT MYERS, FL 33908 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: COLIN M. BRECHBILL

11/22/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BRECHBILL, COLIN M  
Address: 6921 LAKEWOOD ISLE DR.  
City-St-Zip: FORT MYERS, FL 33908 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: COLIN M. BRECHBILL

MGRM

11/22/2010

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