

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000032593

Entity Name: ARDOR LLC

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

498 S.E. STARFLOWER AVE.  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

2221 SW MARSHFIELD CT  
PORT ST. LUCIE, FL 34953 US

**Current Mailing Address:**

498 S.E. STARFLOWER AVE.  
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

2221 SW MARSHFIELD CT  
PORT ST. LUCIE, FL 34953 US

FEI Number: 80-0391350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOZIER, NICHOLAS  
498 S.E. STARFLOWER AVE.  
PORT ST. LUCIE, FL 34983 US

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

LOZIER, NICHOLAS D  
2221 SW MARSHFIELD CT  
PORT ST. LUCIE, FL 34953 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: NICHOLAS LOZIER

04/12/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LOZIER, NICHOLAS D  
Address: 2221 SW MARSHFIELD CT.  
City-St-Zip: PORT ST. LUCIE, FL 34953 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: NICHOLAS LOZIER

MGR

04/12/2011

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