

2016 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L09000104794

1. Entity Name
MAELSTROM SYSTEMS, LLC



16 OCT -5 AM 9:34

SECRET STATE
TALLAHASSEE FLORIDA

Principal Place of Business
5380 PADDINGTON DRIVE
TALLAHASSEE, FL 32309-6868

Mailing Address
5380 PADDINGTON DRIVE
TALLAHASSEE, FL 32309-6868



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10052016 REIN-LLC CR2E101 (12/11)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICHOLSON, HUGH
5380 PADDINGTON DRIVE
TALLAHASSEE, FL 32309-6868

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2017, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
NICHOLSON, HUGH
5380 PADDINGTON DRIVE
TALLAHASSEE, FL 323096868 ☐ Delete

TITLE
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OCT - 5 2015

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

E-MAIL ADDRESS