

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000121739

**Entity Name:** MICKLER'S MIKLAINÉ, L.L.C.

**FILED**  
**Oct 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7880 GATE PARKWAY, SUITE 300  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

7880 GATE PARKWAY, SUITE 300  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 27-1584576

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASHOURIAN, ELAINE  
7880 GATE PARKWAY  
SUITE 300  
JACKSONVILLE, FL 32256 US

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

MIKLAINÉ MANAGEMENT, LLC  
7880 GATE PARKWAY  
SUITE 300  
JACKSONVILLE, FL 32256 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: MIKLAINÉ MANAGEMENT, LLC

10/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MIKLAINÉ MANAGEMENT, LLC  
Address: 7880 GATE PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32256

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: ELAINE ASHOURIAN

MGR

10/01/2012

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