

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000027347

**Entity Name:** COBALT MOON, LLC

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

631 BEACH AVENUE  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

399 BEACH AVE  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

631 BEACH AVENUE  
ATLANTIC BEACH, FL 32233

**New Mailing Address:**

399 BEACH AVENUE  
ATLANTIC BEACH, FL 32233

**FEI Number:** 59-3372463

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLD, KATHLEEN H ESQ.  
ONE INDEPENDENT DRIVE #2301  
JACKSONVILLE, FL 32202 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:** KATHLEEN H COLD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** GOELZ, DONNALEA TRUSTEE  
**Address:** 631 BEACH AVENUE  
**City-St-Zip:** ATLANTIC BEACH, FL 32233

**Title:** MGR  
**Name:** DONNALEA GOELZ LIVING TRUST  
**Address:** 631 BEACH AVENUE  
**City-St-Zip:** ATLANTIC BEACH, FL 32233

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:** DONNALEA GOELZ

MGR

01/31/2012

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