

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000090484

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** HENRY ALLEN LLC

**Current Principal Place of Business:**

348 MIRACLE STRIP PARKWAY  
SUITE 23  
FORT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

6879 US HWY. 98  
SANTA ROSA BEACH, FL 32459 US

**Current Mailing Address:**

POST OFFICE BOX 2797  
FORT WALTON BEACH, FL 32549 US

**New Mailing Address:**

POST OFFICE BOX 1159  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 32-0317127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POST, DEAN A  
348 MIRACLE STRIP PARKWAY  
SUITE 23  
FORT WALTON BEACH, FL 32548 US

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

POST, DEAN A  
6879 US HWY 98  
SANTA ROSA BEACH, FL 32459 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: DEAN A. POST

04/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: POST, DEAN A MD  
Address: 6879 US HWY 98  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGRM  
Name: POST, BERT E  
Address: 104 CANTERBURY DRIVE  
City-St-Zip: CHARLOTTE, MI 48813 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: DEAN A. POST

MGRM

04/25/2012

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