

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000123786

**FILED**  
**Mar 20, 2013**  
**Secretary of State**

**Entity Name:** C. BOYD AND ASSOCIATES, LLC

**Current Principal Place of Business:**

2205 GABRIEL DRIVE  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

369 BLANDING BLVD  
SUITE N-25  
ORANGE PARK, FL 32073

**Current Mailing Address:**

P O BOX 543  
ORANGE PARK, FL 32073

**New Mailing Address:**

369 BLANDING BLVD  
SUITE N-25  
ORANGE PARK, FL 32073

**FEI Number:** 27-4341019

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILLIAMS, JARVIS  
6215 TURKNETT ROAD  
JACKSONVILLE, FL 32444 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:** JARVIS WILLIAMS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BOYD, TONYA C  
**Address:** P O BOX 543  
**City-St-Zip:** ORANGE PARK, FL 32073

**Title:** MGR  
**Name:** WILLIAMS, DETRA  
**Address:** 6915 118TH STREET  
**City-St-Zip:** JACKSONVILLE, FL 32244

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:** T. CATRISE BOYD

MGRM

03/20/2013

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