

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000074371

**FILED**  
**Oct 01, 2014**  
**Secretary of State**

**Entity Name:** NEWVISION MARKETINGS OF CENTRAL FLORIDA LLC

**Current Principal Place of Business:**

735 RIGGS CIRCLE  
DAVENPORT, FL 33897 UN

**New Principal Place of Business:**

**Current Mailing Address:**

735 RIGGS CIRCLE  
DAVENPORT, FL 33897

**New Mailing Address:**

**FEI Number:** 45-2616807

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NYOKAS, STANISLAS  
735 RIGGS CIRCLE  
DAVENPORT, FL 33897 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:** S NYOKAS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

**Title:** MR  
**Name:** NYOKAS, STANISLAS  
**Address:** 735 RIGGS CIRCLE  
**City-St-Zip:** DAVENPORT, FL 33897

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** STANISLAS NYOKAS

MR

10/01/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date