2012 LIMITED LIABILITY COMPANY REINSTATEMENT

	11017			.	
1. Entity Nam	MENT # L11000123 E PORTER, LLC	1129		12 OCT - 1	•
Principal Place of Business Mailing Address			 	,	
I .		3250 APPLETON DRIVE		ALLAHASSEE	A STATE
TALLAHASSEE, FL 32311		TALLAHASSEE, FL 32311		LUCTALINOSEE	FLORIDA
Principal Place of Business - No P.O. Box # 3. Mailing Address					
•					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1 10012012 REIN-LLC	CR2E101 (12/11)
City • State		City & Plants			
City & State		City & State		4. FEI Number	Applied For Not Applicable
Zip	Country	Zip	Country		\$5.00 Additional
	,			5. Certificate of Status Desired	Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New I	Registered Agent
Name					
THOMPSON, CANDICE M 3250 ADDI ETON DRIVE Street Address (P.O. Box Number is Not Acceptable)					
3250 APPLETON DRIVE TALLAHASSEE, FL 32311					
'''	00				ľ
		()	City		FL Zip Code
	A. 1. 10 1 1 1 1 1 1 1 1				
8. The above flamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
uio obligati		h			ļ
SIGNATURE .	Signature, typed or printed name of registered agent	and title il applicable (NOTE:	Registered Agent signature requi	red when reinetation)	DATE
-	Signature, typed or printed name of registered agent	and the mappingation (NOTE:	Registered Agent signature requi	lett wilett textecresió)	
File Nowin Fire is \$238.75 Make check payable to					
FILE NOW!!! FEE IS \$238.75 Make check payable to After January 1, 2013, Fee will be \$377.50 Fiorida Department of State					
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS	CHANGES
TITLE	MGRM	☐ Delete	TITLE		Change Addition
NAME STREET ADDRESS	THOMPSON, CANDICE M		NAME STREET ADDRESS		
CITY-ST-ZIP	3250 APPLETON DRIVE TALLAHASSEE, FL 32311		CITY-ST-ZIP		i i
	TALLATIAGGLE, PL 32311		TITLE		☐ Change ☐ Addition
TITLE NAME		Delete	NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		1
TITLE		☐ Delete	TITLE		Change Addition
NAME			NAME	771707070	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			STREET ADDRESS	<u> </u>	0273627 023004 **238,75
CITY- ST- ZIP			CITY- ST- ZIP	10/01/1501/	J23TTUU4 **ZJ8,15
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		-
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	11117	☐ Change ☐ Addition
NAME CTOCET ANNOESS		DEILICTA'	temenit .	LU12	
STREET ADDRESS CITY-ST-ZIP		ai Chish			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		C. Ouendo C. Voquon
STREET ADDRESS			STREET ADDRESS		1
CITY+ ST- ZIP			CITY+ ST+ ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information					
indicated on this report is true and accorate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability confipant of the research or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
		1		Milana namin	e_thompson@concoct.r
SIGNAT	UREX			MINOIC CAINE	C-111011112
BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DOI:0 E-MAIL ADDRESS					
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