

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M03000001268

Entity Name: MLC, L.L.C.

**FILED**  
**Dec 08, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

350 PENSACOLA BEACH BLVD., SUITE 7  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

68 BAYBRIDGE  
GULF BREEZE, FL 32561

**Current Mailing Address:**

350 PENSACOLA BEACH BLVD., SUITE 7  
GULF BREEZE, FL 32561

**New Mailing Address:**

P.O. BOX 99  
GULF BREEZE, FL 32562

FEI Number: 63-1130968      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

LYONS, MARK III  
350 PENSACOLA BEACH BLVD., STE 7  
GULF BREEZE, FL 32561      US

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

LYONS, MARK III  
68 BAYBRIDGE  
GULF BREEZE, FL 32561      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: MARK LYONS III

12/08/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: LYONS, MARK III  
Address: P.O. BOX 99  
City-St-Zip: GULF BREEZE, FL 325620099

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: MARK LYONS III

MGR

12/08/2004

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