

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M03000001859

**FILED**  
**Dec 12, 2011**  
**Secretary of State**

**Entity Name:** MCS PARTNERS, LLC

**Current Principal Place of Business:**

130 FISHERMAN'S COVE  
DESTIN, FL 32550

**New Principal Place of Business:**

25 COMMERCIAL PKWY  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

130 FISHERMAN'S COVE  
DESTIN, FL 32550

**New Mailing Address:**

25 COMMERCIAL PKWY  
SANTA ROSA BEACH, FL 32459

**FEI Number:** 20-0008400

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCOZZAFAVE, MICHAEL A  
130 FISHERMAN'S COVE  
DESTIN, FL 32550 US

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

SCOZZAFAVE, MICHAEL A  
25 COMMERCIAL PKWY  
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: MICHAEL SCOZZAFAVE

12/12/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCOZZAFAVE, MICHAEL  
Address: 25 COMMERCIAL PKWY  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: MICHAEL SCOZZAFAVE

MGRM

12/12/2011

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