2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# M05000005441

Entity Name: PENSACOLA, LLC

Current Principal Place of Business:

4630 ARDEN AVENUE SOUTH
EDINA, MN 55424

New Principal Place of Business:

1121 JACKSON STREET, NE
SUITE 100
MINNEAPOLIS, MN 55413

Current Mailing Address:

4630 ARDEN AVENUE SOUTH
EDINA, MN 55424

New Mailing Address:

1121 JACKSON STREET, NE
SUITE 100
MINNEAPOLIS, MN 55413

FEI Number: 20-3161891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

LYONS, MARK III
77 BAY BRIDGE PROFESSIONAL BLDG
BAY BREEZE, FL 32501 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 02/02/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FERNANDEZ, MICHAEL A
Address: 4630 ARDEN AVENUE SOUTH
City-St-Zip: EDINA, MN 55424

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FERNANDEZ, MICHAEL A
Address: 1121 JACKSON STREET NE STE 100
City-St-Zip: MINNEAPOLIS, MN 55413

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL A. FERNANDEZ MR. 02/02/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date