

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M13000007123

**FILED**  
**Dec 15, 2014**  
**Secretary of State**

**Entity Name:** N2 CYBER-SECURITY CONSULTANTS LLC

**Current Principal Place of Business:**

1604 NW 36TH WAY  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

1604 NW 36TH WAY  
GAINESVILLE, FL 32605

**New Mailing Address:**

**FEI Number:** 46-3359488

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ALLEN, DAN  
1604 NW 36TH WAY  
GAINESVILLE, FL 32605 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:** DAN ALLEN

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** ALLEN, DAN  
**Address:** 1604 NW 36TH WAY  
**City-St-Zip:** GAINESVILLE, FL 32605

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:** DAN ALLEN

MR

12/15/2014

Electronic Signature of Authorized Person

Date