

**2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000093208

**Entity Name:** SADELWATTERSON LLC

**Current Principal Place of Business:**

1130 EASTWOOD BRANCH DR  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

1130 EASTWOOD BRANCH DR  
JACKSONVILLE, FL 32259

**FEI Number:** 90-0754308

**Certificate of Status Desired:** No

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

WATTERSON, SADEL H  
1130 EASTWOOD BRANCH DR  
JACKSONVILLE, FL 32259 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:** SADEL WATTERSON

12/16/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name WATTERSON, SADEL H  
Address 1130 EASTWOOD BRANCH DR  
City-State-Zip: JACKSONVILLE FL 32259

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SADEL WATTERSON

MGRM

12/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date