

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000029948

1. Entity Name
DIGITAL HIGHLANDS HEAD END, L.L.C.



Principal Place of Business
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

Mailing Address
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142005 REIN-LLC CR2E101 (6/04)

4. FEI Number
81-0585204

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYERS, TROY H JR, ESQ
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DIGITAL COMMUNITY NETWORKS, INC.
4050 20TH STREET WEST
SARASOTA, FL 34205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MYERS, TROY H JR.
2033 MAIN ST., STE. 600
SARASOTA, FL 34237 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300055717213
06/03/05--01048--012 **100.00

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Robert M. Muscarello 4/26/05

Date

Daytime Phone #

FILED

2005 MAY -6 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

