

APPROVED  
AND  
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 NOV 14 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #L01000001502

1. Limited Liability Company's Name

SARASOTA MANAGEMENT SERVICES, L.L.C.

800008009798  
11/14/02--01105--007 \*\*150.00

2. Principal Office Address

606 South Owl Drive

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34236

Country

3. Mailing Office Address

606 South Owl Drive

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34236

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

01/30/2001

6. FEI Number

65-1077220

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Kenneth D. Doerr

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

240 South Pineapple Avenue, 10th Floor

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34236

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Kenneth D. Doerr*

REGISTERED AGENT MUST SIGN

Date 11/10/02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Culp, Stephen C.	606 South Owl Drive	Sarasota, FL 34236
MGR	Tenaerts, Pamela	606 South Owl Drive	Sarasota, FL 34236
MGR	Doerr, Kenneth D., Trustee	240 S. Pineapple Ave., 10th Floor	Sarasota, FL 34236

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

*Kenneth D. Doerr*

Date

11/10/02

Daytime Phone #

941-364-6442

Typed or printed name of signing Managing Member/Manager

Kenneth D. Doerr

CRZE041 (9/01)