

# L01000022692

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 MAR -6 PM 12:35

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

Sun Asset Management, LLC  
L01000022692

2. Principal Office Address

7744 W. Lee Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 9107

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip  
33067

County  
Broward

City & State

Coral Springs, FL

Zip  
33075

County  
Broward

4. State/Country of Formation

FL / Broward

5. Date Organized or Qualified  
To Do Business in Florida

12/21/01

6. FEI Number

65-1159942

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

Linda J. Metaxa

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

4726 NW 59th Manor

Suite, Apt. #, Etc.

City

Coconut Creek

State

FL

Zip Code

33073

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 3/5/03

**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
Member Partner	Nelson M. Wright	5297 NW 89th Dr.	Coral Springs, FL 33067

REINSTATEMENT

2002-03 *[Signature]*

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for 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

*[Signature]*

Date 3/5/03

Daytime Phone # 954-525-9664

Typed or printed name of signing Managing Member/Manager Nelson M. Wright

CR2E041 (10/02)