

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000005309

**FILED**  
**Oct 20, 2004**  
**Secretary of State**

**Entity Name:** SASSAFRAS, LLC

**Current Principal Place of Business:**

1300 THIRD STREET #202 A AND B  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

1300 THIRD STREET #202 A AND B  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 03-0399086      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

STRASEN, KATHY  
1300 THIRD STREET #202 A AND B  
NAPLES, FL 34102      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRP ( ) Delete  
Name: STRASEN, KATHLEEN  
Address: 70 FOUNTAIN CIR  
City-St-Zip: NAPLES, FL 34119

Title: MGRP ( ) Delete  
Name: THEOHARIS, TAMARA  
Address: 2205 ARICLLE DR #1304  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STRASEN, KATHLEEN  
Address: 70 FOUNTAIN CIR  
City-St-Zip: NAPLES, FL 34119

Title: MGRM (X) Change ( ) Addition  
Name: THEOHARIS, TAMARA  
Address: 2205 ARICLLE DR #1304  
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: THEOHARIS TAMARA

MGRM

10/20/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date