

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000006942

**Entity Name:** SUN COMMERCIAL CENTER, LLC

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

6451A 19TH STREET EAST  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX  
ONECO, FL 34264

**New Mailing Address:**

PO BOX 1603  
ONECO, FL 34264

**FEI Number:** 27-0009015      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

SOLOMON, JOHN  
6451A 19TH STREET EAST  
SARASOTA, FL 34243    US

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

SOLOMON, JOHN A  
6451A 19TH STREET EAST  
SARASOTA, FL 34243    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: JOHN A. SOLOMON

04/29/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM    ( ) Delete  
Name: SOLOMON, JOHN  
Address: 4020 60TH STREET COURT WEST  
City-St-Zip: BRADENTON, FL 34209

**ADDITIONS/CHANGES:**

Title: MGRM    (X) Change    ( ) Addition  
Name: SOLOMON, JOHN A  
Address: 7628 PLANTATION CIRCLE  
City-St-Zip: UNIVERSITY PARK, FL 34201

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: JOHN A. SOLOMON

MR.

04/29/2005

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