

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

30012
9-26-03

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL -5 AM 8:42

DOCUMENT # L02000013406

1. Limited Liability Company's Name

Varmland Properties, LLC

500077379555
07/12/06--01011--013 **305.00

CR2E041 (8/05)

2. Principal Office Address

2813 S Hiawassee Road

3. Mailing Office Address

2813 S Hiawassee Road

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

Suite 103

City & State

Orlando

City & State

Orlando

Zip

32835

Country

United States

Zip

32835

Country

United States

4. State/Country of Formation

Florida, United States

5. Date Organized or Qualified
To Do Business in Florida

5/31/2002

6. FEI Number

05-0523175

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

Angela Savelli

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

2813 S Hiawassee Road

Suite, Apt. #, Etc.

Suite 103

City

Orlando

State

FL

Zip Code

32835

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

Angela Savelli

REGISTERED AGENT MUST SIGN

Date 5/19/2006

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	Janine M Pardee	2813 S Hiawassee Road, Ste 103	Orlando, FL 32835

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

Janine M Pardee

Date 5/19/2006

Daytime Phone # 407-445-0816

Typed or printed name of signing Managing Member/Manager Janine M Pardee

REINSTATEMENT 03-06