

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000014435

Entity Name: CODESUN LLC

FILED
Nov 08, 2006
Secretary of State

Current Principal Place of Business:

101 B SOUTH EUCLID AVE.
OAK PARK, IL 60302

New Principal Place of Business:

10508 FOREST RUN DRIVE
BRADENTON, FL 34211

Current Mailing Address:

101 B SOUTH EUCLID AVE.
OAK PARK, IL 60302

New Mailing Address:

10508 FOREST RUN DRIVE
BRADENTON, FL 34211

FEI Number: 01-0692709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLAVECCHIO, KATHY
1049 FLORA PARK DRIVE
JULINGTON CREEK, FL 32259 US

Name and Address of New Registered Agent:

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: KATHY COLAVECCHIO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, PATT
Address: 101 B SOUTH EUCLID AVE.
City-St-Zip: OAK PARK, IL 60302

Title: MGRM () Delete
Name: JOHNSON, JOE
Address: 101 B SOUTH EUCLID AVE.
City-St-Zip: OAK PARK, IL 60302

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOHNSON, PATT
Address: 10508 FOREST PARK DRIVE
City-St-Zip: BRADENTON, FL 34211

Title: MGRM (X) Change () Addition
Name: JOHNSON, JOE
Address: 10508 FOREST RUN DRIVE
City-St-Zip: BRADENTON, FL 34211

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PATT JOHNSON

MGRM

11/08/2006

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