

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000016675

Entity Name: SPRUCE HILL, L.L.C.

**FILED**  
**Jun 21, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

4501 TAMIAMI TRAIL N  
418  
NAPLES, FL 34103

**New Principal Place of Business:**

951 BARCAMIL WAY  
NAPLES, FL 34110

**Current Mailing Address:**

4501 TAMIAMI TRAIL N  
418  
NAPLES, FL 34103

**New Mailing Address:**

951 BARCAMIL WAY  
NAPLES, FL 34110

FEI Number: 51-0476406      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:**

RAMSEY, MARY ANN  
4501 TAMIAMI TRAIL N  
NAPLES, FL 34103    US

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

RAMSEY, MARY ANN  
951 BARCAMIL WAY  
NAPLES, FL 34110    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: MARY ANN RAMSEY

06/21/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: RAMSEY, MARY ANN  
Address: 4501 TAMIAMI TRAIL N #418  
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: RAMSEY, MARY ANN  
Address: 951 BARCAMIL WAY  
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify 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: MARY ANN RAMSEY

MGRM

06/21/2007

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