

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000018805

FILED
Feb 09, 2006
Secretary of State

Entity Name: SUN HOLDINGS, LLC

Current Principal Place of Business:

1004 N. 14TH STREET
SUITE 104
LEESBURG, FL 34748

New Principal Place of Business:

1301 W. FAIRBANKS AVENUE
WINTER PARK, FL 32789

Current Mailing Address:

1004 N. 14TH STREET
SUITE 104
LEESBURG, FL 34748

New Mailing Address:

1301 W. FAIRBANKS AVE
WINTER PARK, FL 32789

FEI Number: 27-0026990 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:

KALIVRETENOS, GEORGE
1004 N. 14TH STREET
SUITE 104
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

KALIVRETENOS, GEORGE
1301 W. FAIRBANKS AVE
WINTER PARK, FL 32789 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: GEORGE KALIVRETENOS

02/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KALIVRETENOS, GEORGE
Address: 1004 N. 14TH STREET
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KALIVRETENOS, GEORGE
Address: 1301 W. FAIRBANKS AVE
City-St-Zip: WINTER PARK, FL 32789

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: GEORGE KALIVRETENOS

MGR

02/09/2006

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