

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000023390

Entity Name: LAUP OLLISUF, LLC

FILED
Dec 17, 2004
Secretary of State

Current Principal Place of Business:

440 S. HARBOR CITY BLVD
MELBOURNE, FL 32901

New Principal Place of Business:

711 TRADEWINDS DR
INDIAN HARBOR BEACH, FL 32937

Current Mailing Address:

440 S. HARBOR CITY BLVD
MELBOURNE, FL 32901

New Mailing Address:

711 TRADEWINDS DR
INDIAN HARBOR BEACH, FL 32937

FEI Number: 45-0465045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VOLK, DAVID J
700 S. BABCOCK ST., SUITE 402
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

CHARILES W KOLB
PO BOX 1180
MELBOURNE, FL 32901 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: CHARILES W KOLB

12/17/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: FUSILLO, JR., PAUL F
Address: 440 S. HARBOR CITY BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KOLB, CHARLES W
Address: PO BOX 1180
City-St-Zip: MELBOURNE, FL 32901

Title: MGR () Change (X) Addition
Name: FUSILLO, PAUL F
Address: PO BOX 1180
City-St-Zip: MELBOURNE, FL 32901

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: CHARLES

MGR

12/17/2004

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