2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L0300007181 1. Entity Name SASE, LLC			<i>'</i>	Y-6 PM 2	: 05		
Principal Place of Business	Mailing Address						
425 14TH AVE NE ST PETERSBURG, FL 33701 US	425 14TH AVE NE St Petersburg, FL 33	SECRI TALLA	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business 3637 4TH ST N	037 4TH STN						
Suite, Apt. #, etc. SUITE 210	Suite, Apt. #, etc.	05042005	REIN-LLC	CR2E101	(6/04)		
ST PETERSBURG, FL	City & State		4. FEI Numb	er		Applied For Not Applicable	
2ip 33704 Country US	Zip Country			of Status Desired	Fee	00 Additional Required	
6. Name and Address of Current	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name						
MULLIGAN, CYNTHIA A 425 14TH AVE NE			et Address (P.O. Box Number is Not Acceptable)				
ST PETERSBURG, FL 33701			Creative (Co. Social Co. Social C				
₩	City			FL Zip Code			
B. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or symiad name obligistered agent and it to it applicable. ONOTE: Registered Agent signature required when rehistating) DATE							
Signature, typed or similad name oldegistered agent	and mie rappiicable. PHOTE	: Registered Agent sign	sture required when reinstating)	DATE		
FILE NOW!!! FEE IS \$200.00 Make check payable to Florida Department of State							
9. MANAGING MEMBE		10.		ADDITIONS			
STREET ADDRESS ICO T KLTW AND NE	420 411 111			200054687622 05/17/0501065022 **200.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change 🗀 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete TIFLE NAMI STRE			☐ Change ☐ Addition S			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete TITLE NAME STREE CITY-			change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete TITLE NAME STREE CITY-			Addition			
TITLE NAME STIREET ADDRESS CITY - ST# ZIP	спу-					Change 🔛 Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the Minited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: 51405 7278248822 SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Dayline Phone #							