
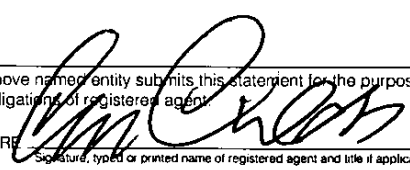
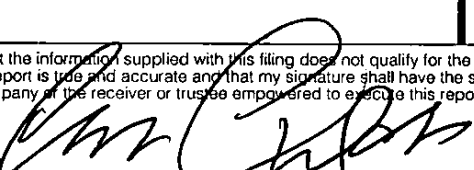


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 10 AM 8:30

<b>DOCUMENT # L03000009654</b> 1. Entity Name SUMARD HOLDINGS, LLC					
Principal Place of Business 12820 TAMAMI TRAIL SUITE #2 NAPLES, FL 34110			Mailing Address 12820 TAMAMI TRAIL SUITE #2 NAPLES, FL 34110		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
8. 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.			Name <b>Allen Childs</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>12820 Tamiami Trail</b>		
			Suite, Apt. #, etc. <b>Suite #2</b>		
			City <b>Naples</b> State <b>FL</b> Zip <b>34110</b>		
SIGNATURE  DATE <b>12/3/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$200.00</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <b>Mgr</b> NAME <b>Allen Childs</b> <input type="checkbox"/> Delete STREET ADDRESS <b>12820 Tamiami Tr.</b> CITY-ST-ZIP <b>S-2, Naples FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE 			Date <b>12/3/04</b> Daytime Phone # <b>435-287-5310</b>		



12032004 REIN-LLC CR2E101 (6/04)

4. FEI Number **27-0050301** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

called 12/30/04 Allen Childs  
OK to make corrections up

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12/10/04--01063--002 \*\*\*150.00