


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

\$205.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -8 AM 9:58

DOCUMENT # L03000012087 1. Entity Name SOUL FLOWER LLC			
Principal Place of Business 82205 OVERSEAS HWY ISLAMORADA, FL 33036 US		Mailing Address 82205 OVERSEAS HWY ISLAMORADA, FL 33036 US	
2. Principal Place of Business 82205 Overseas Hwy		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Islamorada, FL		City & State	
Zip 33070	Country Monroe	Zip	Country
6. Name and Address of Current Registered Agent PRINCE, DANIELLE I 82205 OVERSEAS HWY ISLAMORADA, FL 33036		7. Name and Address of New Registered Agent Name: <u>Same as before/correct</u> Street Address (P.O. Box Number is Not Acceptable): City: <u>FL</u> Zip Code:	
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. SIGNATURE: <u>Danielle Prince</u> DATE: <u>3-8-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE: <u>MANAGER</u> NAME: <u>DANIELLE PRINCE</u> STREET ADDRESS: <u>103 SEASHORE DR.</u> CITY-ST-ZIP: <u>ISLAMORADA, FL 33036</u>	<input type="checkbox"/> Delete	REINSTATEMENT 04-05 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	100048400201 03/15/05--01012--003 **205.00	
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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: <u>Danielle Prince</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <u>3-08-05</u>	Daytime Phone #: <u>305-664-328</u>