

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000016484

1. Entity Name  
MMR SUN CITY, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 15 AM 9:32

Principal Place of Business  
1750 N. FLORIDA MANGO RD., STE. 103  
WEST PALM BEACH, FL 33409

Mailing Address  
1750 N. FLORIDA MANGO RD., STE. 103  
WEST PALM BEACH, FL 33409

2. Principal Place of Business  
1601 BELVEDERE ROAD  
Suite, Apt. #, etc.  
SUITE 407 SOUTH

3. Mailing Address  
1601 BELVEDERE ROAD  
Suite, Apt. #, etc.  
SUITE 407 SOUTH

08102005 REIN-LLC CR2E101 (6/04)

City & State  
WEST PALM BEACH FL  
Zip  
33406

City & State  
WEST PALM BEACH FL  
Zip  
33406

4. FEI Number  
20-0016989.

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GERSON, GARY N  
1645 PALM BEACH LAKES BLVD, STE 1200  
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name  
MAPES, PAUL  
Street Address (P.O. Box Number is Not Acceptable)  
1601 BELVEDERE ROAD, SUITE 407 SOUTH  
City WEST PALM BEACH FL Zip Code 33406

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 P. Myr PAUL MAPES 8/11/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
M&R  
METZ, JOHN  
1601 BELVEDERE ROAD, SUITE 407 SOUTH  
WEST PALM BEACH FL 33406

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
REINSTATEMENT 04-05

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
800058600878  
08/15/05--01073--010 \*\*\*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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: P. Myr PAUL MAPES 8/11/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #