
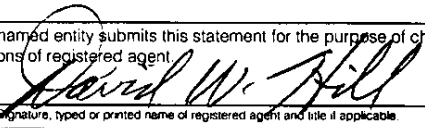


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 19 PM 1:43

| | | | | | |
|--|--|--|--|--|--|
| DOCUMENT # L03000021374 | | | |  | |
| 1. Entity Name RAYOS DEL SOL, LLC | | | | | |
| Principal Place of Business 825 THOMASVILLE ROAD TALLAHASSEE, FL 32303 | | | Mailing Address 825 THOMASVILLE ROAD TALLAHASSEE, FL 32303 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 20-0732436 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MCCLURE, CHARLES D 825 THOMASVILLE ROAD TALLAHASSEE, FL 32303 | | | Name DAVID W HILL | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) 521 B COMMERCE DRIVE | | |
| | | | City PANAMA CITY BEACH FL Zip Code 32408 | | |
| 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  | | | | DATE 8/28/08 | |
| Signature, typed or printed name of registered agent and title if applicable | | | | (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW!!! FEE IS \$277.50 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HILL, DAVID W MGR 521 B. COMMERCE DRIVE PANAMA CITY BEACH, FL 32408 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 600135874846 09/16/08--01003--010 **277.50 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Date _____ Daytime Phone # _____ | |

REINSTATEMENT
w/qp 07-08
