2005 LIMITED LIABILITY COMPANY REINSTATEMENT

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1. Entity Name EAGLE EYE LLC		4			ָעוט (עוט	ISIOIT AFTER	UF STA	JE.	
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Principal Place of Busines	SS	Mailing Address				.0 /	9F 8: 2	6	
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City & State Jupiter, Florida		City & State Jupiter, Florida			4. FEI Number 5-9-3	53446	7	├	oplied For ot Applicable
Zip 33458	Country USA	Zip 33458	Country USA		5. Certificate	of Status Desired	1 🗆	\$5.00 Add	
	e and Address of Current f	<u> </u>			7. Name and	Address of New	Registered		
			Name	Przysino	la, David A.				
PRZYSINDA, DAVI 2303 CAPTAIN'S W	/AY				P.O. Boy Numb	er is Not Accenta /	hie)		
JUPITER, FL 3347	/								
		0	City	Jupiter			F	Zin Cod 33458	<u> </u>
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							and accept		
the obligations of registered agent. SIGNATURE David A. Przysinda (1) Manuel									
SIGNATURE Signature, typed or printed name of registered egyin and title if applicable. RIOTE/Registered Agent signature sequired when reinstating) DATE									
Signature, type	d or printed name of registered egent a	he title if applicable. (NOTE)	Registered Agent sig	nature pequir	ed when reinstating)		DATE		
Signature, type	d or printed name of registered egylical	Witheli approable.	Registered Agent sig	nature poquir	ed when reinstating)			payable to ment of State	e
Signature, type			Regulatered Agent sig	nature sequir	ed when reinstating)	Flori		ment of State	•
FILE NOWIII 9. IIILE	FEE IS \$200.00		10.	Przysi	ed when reinstating) nda, David A. Florida 3345	ADDITION 110 South Villa	ida Departi	ment of State	♦ Addition
FILE NOWIII 9.	FEE IS \$200.00	RS/MANAGERS	10.	Przysi	ed when reinstating nda, David A. , Florida 3345	ADDITION 110 South Villa	ida Departi	ment of State	<u>-</u>
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11. I nereby certify that the information supplied with this hing 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 paper as required by Chapter 608, Florida Statutes.

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