

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000026792

Entity Name: SBW COMMUNICATIONS, LLC

**FILED**  
**Oct 13, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

9715 WYLAND CT  
ORLANDO, FL 34786

**New Principal Place of Business:**

7698 MUNICIPAL DR  
ORLANDO, FL 32819

**Current Mailing Address:**

9715 WYLAND CT  
ORLANDO, FL 34786

**New Mailing Address:**

7698 MUNICIPAL DR  
ORLANDO, FL 32819

FEI Number: 56-2379900      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LEE, JOSHUA K  
9715 WYLAND CT  
ORLANDO, FL 34786      US

**Name and Address of New Registered Agent:**

LEE, JAKE  
9715 WYLAND CT  
WINDERMERE, FL 34786      US

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.

SIGNATURE: JAKE LEE

10/13/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: LEE, JOSHUA K  
Address: 9715 WYLAND CT  
City-St-Zip: ORLANDO, FL 34786

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: LEE, JAKE  
Address: 9715 WYLAND CT  
City-St-Zip: WINDEREMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAKE LEE

MGR

10/13/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date