2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Apr 05, 2005
Secretary of State

DOCUMENT# L03000029793

Entity Name: SOUTH PRAIRIE DUNES, LLC

Current Principal Place of Business:

1987 SOUTH PRAIRIE DUNES COURT
OVIEDO, FL 32765 US

New Principal Place of Business:

1340 AMBRA DRIVE
VIERA, FL 32940 US

Current Mailing Address:

1987 SOUTH PRAIRIE DUNES COURT
OVIEDO, FL 32765 US

New Mailing Address:

1340 AMBRA DRIVE
VIERA, FL 32940 US

FEI Number: 71-0607121 **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:

LEGALZOOM NEVADA INC
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

DECOLA, S. M MGR
1340 AMBRA DRIVE
VIERA
FLORIDA, FL 32940 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: S. MICHAEL DECOLA 04/05/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: DECOLA, S. MICHAEL
Address: 1987 SOUTH PRAIRIE DUNES COURT
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM ( ) Delete
Name: DECOLA, SHARON
Address: 1987 SOUTH PRAIRIE DUNES COURT
City-St-Zip: OVIEDO, FL 32765 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DECOLA, S. MICHAEL
Address: 1340 AMBRA DRIVE
City-St-Zip: VIERA, FL 32940 US

Title: MGRM (X) Change ( ) Addition
Name: DECOLA, SHARON
Address: 1340 AMBRA DRIVE
City-St-Zip: VIERA, FL 32940 US

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: S. MICHAEL DECOLA MGR 04/05/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date