

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000030795

FILED
Jun 02, 2009
Secretary of State

Entity Name: SUNDIAL DEVELOPMENT, LLC

Current Principal Place of Business:

32 E. COUNTY HIGHWAY 30A
200
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

32 E. COUNTY HIGHWAY 30A
200
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 20-0168627 **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:

Name and Address of New Registered Agent:

BRAD CONGLETON, CPA
50 UPTOWN GRAYTON CIRCLE #15
SANTA ROSA BEACH, FL 32459 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: THOMAS D SIMS III

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: SIMS III, THOMAS D
Address: 172 SUGAR SAND LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: LAWSON, THOMAS A
Address: 172 SUGAR SAND LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGR (X) Change () Addition
Name: MIGNOT, JEAN-NOEL
Address: 16 CHANEL CT
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: THOMAS DSIMS III

MGR

06/02/2009

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