



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

| | | | | | |
|---|--|--|--|--|---|
| DOCUMENT # L03000038257 1. Entity Name PHYTRUST OF SOUTH CAROLINA, LLC | | | |  <div style="position: absolute; top: 0; right: 0; text-align: right;"> FILED 06 NOV -9 PM 4:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div> | |
| Principal Place of Business 13680 N.W. 5TH ST., STE. 100 SUNRISE, FL 33325 | | Mailing Address 13680 N.W. 5TH ST., STE. 100 SUNRISE, FL 33325 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  11032006 REIN-LLC CR2E101 (11/05) | |
| City & State | | City & State | | | |
| Zip | | Zip | | | |
| Country | | Country | | | |
| 4. FEI Number 65-1206841 | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. 350 E. LAS OLAS BLVD., STE. 1600 FORT LAUDERDALE, FL 33301 | | | | 7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324 | |
| 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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE <u>Jeffrey D. Butterfield</u> <small>Signature of person who printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> Jeffrey D. Butterfield Assistant Secretary </div> <div style="width: 30%; text-align: right;"> <u>11/9/06</u> <small>DATE</small> </div> </div> | | | | | |
| FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00 | | 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 | MGRM COLLINS, KEITH CEO <input type="checkbox"/> Delete 13680 NW 5TH ST, SUITE 100 SUNRISE, FL 33325 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 700081910857 11/17/06--01055--013 **150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM NATKOW, NEIL STR ADV <input checked="" type="checkbox"/> Delete 13680 NW 5TH ST, SUITE 100 SUNRISE, FL 33325 | | 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 | |
| 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 | |
| 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 | |
| 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: <u>Keith Collins (Keith Collins)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <u>11/06/06</u> <small>Date</small> | | <u>954-294-4074</u> <small>Daytime Phone #</small> |