

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000041295

FILED
Sep 09, 2005
Secretary of State

Entity Name: SOLLESSA ATLANTIC BEACH, LLC

Current Principal Place of Business:

1419 LINKSIDE DRIVE
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224

Current Mailing Address:

1419 LINKSIDE DRIVE
ATLANTIC BEACH, FL 32233

New Mailing Address:

4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224

FEI Number: 36-4542121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLM, MALLORY GAYLE P.A.
4315 PABLO OAKS COURT
JACKSONVILLE, FL 322249667 US

Name and Address of New Registered Agent:

MALLORY GAYLE HOLM, P.A.
4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 322249667 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: MALLORY GAYLE HOLM, PRESIDENT

09/09/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MM () Change (X) Addition
Name: SOLLESSA, LLC,
Address: 4315 PABLO OAKS COURT, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32224

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: MALLORY GAYLE HOLM

ATTY

09/09/2005

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