

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000050287

**FILED**  
**Sep 19, 2005**  
**Secretary of State**

**Entity Name:** LUNAR ACCESS LLC

**Current Principal Place of Business:**

772 SE 36TH LANE  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

772 SE 36TH LANE  
OCALA, FL 34471

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

BUSCH, LORI J  
772 SE 36TH LANE  
OCALA, FL 34471 US

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

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: LORI J. BUSCH

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BUSCH, LORI J  
Address: 773 36TH LANE  
City-St-Zip: OCALA, FL 34471

Title: MGRM ( ) Delete  
Name: DEL ZOTTO, NICHOLAS S  
Address: 8801 HUNTERS LAKE DRIVE SUITE 1025  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: DEL ZOTTO, NICHOLAS S  
Address: 3300 SE 3RD AVE  
City-St-Zip: OCALA, FL 34471

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: LORI J. BUSCH

MGR

09/19/2005

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