

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000056499

Entity Name: SIM A. WILSON III, LLC

FILED  
Oct 19, 2005  
Secretary of State

## Current Principal Place of Business:

6022 HAMMOCK HILL AVENUE  
LITHIA, FL 33547

## New Principal Place of Business:

1123 OBISPO AVENUE  
CORAL GABLES, FL 33134

## Current Mailing Address:

6022 HAMMOCK HILL AVENUE  
LITHIA, FL 33547

## New Mailing Address:

1123 OBISPO AVENUE  
CORAL GABLES, FL 33134

FEI Number: FEI Number Applied For (X) 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:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

WILSON, SIM A III  
1123 OBISPO AVENUE  
CORAL GABLES, FL 33134 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: SIM A. WILSON III

10/19/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: WILSON, SIM A III  
Address: 6022 HAMMOCK HILL AVENUE  
City-St-Zip: LITHIA, FL 33547

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: WILSON, SIM A III  
Address: 1123 OBISPO AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

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: SIM A. WILSON III

MGR

10/19/2005

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