

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000011838

1. Entity Name  
SUN NATIONAL LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 20 AM 10:55

Principal Place of Business  
1260 PARK POINTE LANE  
WINTER PARK, FL 32789 US

Mailing Address  
1260 PARK POINTE LANE  
WINTER PARK, FL 32789 US

2. Principal Place of Business  
3670 Maguire BV  
Suite, Apt. #, etc.  
105

3. Mailing Address  
3670 Maguire BV  
Suite, Apt. #, etc.  
105

10172005 REIN-LLC CR2E101 (6/04)

4. FEI Number  
20 0724094

Applied For  
Not Applicable

City & State  
Orlando, FL  
Zip  
32803  
Country  
Orange

City & State  
Orlando, FL  
Zip  
32803  
Country  
Orange

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

KAHN, LAURENCE  
1260 PARK POINTE LANE  
WINTER PARK, FL 32789

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
3670 Maguire BV suite 105  
City Orlando FL Zip Code 32803

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Laurence Kahn MGR

10-17-05

FILE NOW!!! FEE IS \$150.00  
After January 1, 2006, Fee will be \$200.00

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME KAHN, LAURENCE  
STREET ADDRESS 1260 PARK POINTE LANE  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition  
NAME Kahn, Laurence  
STREET ADDRESS 3670 Maguire BV #105  
CITY-ST-ZIP Orlando, FL 32803

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600060835666  
CITY-ST-ZIP 10/20/05--01067--010 \*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS REINSTATEMENT 2005  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Laurence Kahn

10-17-05

407-897-2074