

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000042486

FILED
Oct 11, 2006
Secretary of State

Entity Name: SUNBURST MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

103 TRINA LANE
WINTER SPRINGS, FL 32708

New Principal Place of Business:

2432 LAKE VISTA CT
BLDG 8 APT 112
CASSELBERRY, FL 32707

Current Mailing Address:

103 TRINA LANE
WINTER SPRINGS, FL 32708

New Mailing Address:

P.O. BOX 940606
MAITLAND, FL 32794

FEI Number: 16-1701480 **FEI Number Applied For ()** **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:

HOWARD, CHARLES A
103 TRINA LANE
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

HOWARD, CHARLES A
2432 LAKE VISTA CT
BLDG 8 APT 112
CASSELBERRY, FL 32707 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: CHARLES A. HOWARD

10/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PST () Delete
Name: HOWARD, CHARLES A
Address: 103 TRINA LANE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES:

Title: PST (X) Change () Addition
Name: HOWARD, CHARLES A
Address: 2432 LAKE VISTA CT. APT 112
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CHARLES A. HOWARD

PST

10/11/2006

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