

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000044555

1. Entity Name
GULF BREEZE SC, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 26 AM 8:33

Principal Place of Business
951 EAST STREET, SUITE 200
BIRMINGHAM, AL 35205

Mailing Address
951 EAST STREET, SUITE 200
BIRMINGHAM, AL 35205

2. Principal Place of Business
951 18th Street South

3. Mailing Address
951 18th Street South

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

10072005 REIN-LLC CR2E101 (6/04)

City & State
Birmingham, AL

City & State
Birmingham, AL

4. FEI Number
20-1229190

Applied For
Not Applicable

Zip
35205

Country
USA

Zip
35205

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINNE, WILLIAM V
127 PALAFOX PLACE, SUITE 100
PENSACOLA, FL 32502-5629

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

10-20-2005

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GULF BREEZE MANAGER SC, LLC
951 EAST STREET, SUITE 200
BIRMINGHAM, AL 35205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500060950255
10/26/05--01033--006 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500060950255
10/26/05--01033--007 **50.00

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

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

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

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

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 #

10/26/05 205-939-8217