FILED
07 JUL 10 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000045119

1. Entity Name
SDR, LLC

06

BK

100105857001

07092007 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
1640 E. ADAMS DRIVE MAITLAND, FL 32751	P.O. BOX 953846 LAKE MARY, FL 32795-3846 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2692 Sycamore	2692 Sycamore
Suite, Apt. #, etc. CANYON ROAD	Suite, Apt. #, etc. CANYON ROAD
City & State SANTA BARBARA CA	City & State SANTA BARBARA CA.
Zip 93108 Country USA	Zip 93108 Country USA

4. FEI Number 07-5562342 ☐ Applied For ☐ Not Applicable

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
F & L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202-5017	Name: A.G.C. Co. Street Address (P.O. Box Number is Not Acceptable): 200 S. Orange Ave., Ste. 2300 City: Orlando FL Zip Code: 32801

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: SEE ATTACHED
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RAAB, SIMON 1640 E. ADAMS DRIVE MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Simon Raab 2692 Sycamore Canyon Road Santa Barbara, CA 93108	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BK	☐ Change ☐ Addition
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REINSTATEMENT 2006-2007

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 7/9/07 (805) 708-4873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

(2)

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2692 Sycamore	2962 Sycamore
Suite, Apt. #, etc.: Canyon Rd.	Suite, Apt. #, etc.: Canyon Rd.
City & State: Santa Barbara, CA	City & State: Santa Barbara CA
Zip: 93108 Country: USA	Zip: 93108 Country: USA

4. FEI Number: 07-5562342 ☐ Applied For ☐ Not Applicable

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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 By: [signature] Jeffrey Decker, Vice President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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SIGNATURE: ______________________________

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CORPORATION SERVICE COMPANY

L04000045119

(3)

ACCOUNT NO. : 072100000032

REFERENCE : 989284 4329479

AUTHORIZATION

COST LIMIT : $ 200.00

ORDER DATE : July 10, 2007

ORDER TIME : 10:33 AM

ORDER NO. : 989284-005

CUSTOMER NO: 4329479

FILED
07 JUL 10 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
07 JUL 10 PM 12:47

DOMESTIC FILINGS

NAME: SDR, LLC

BK

XX ___ REINSTATEMENT - FILE FIRST

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Joyce Markley - Ext# 2930

EXAMINER'S INITIALS _____