

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000067553

1. Entity Name
SUMMERBREEZE, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 26 AM 11:08

Principal Place of Business
701 NE 1ST ST
HAVANA, FL 32333 US

Mailing Address
701 NE 1ST ST
HAVANA, FL 32333 US

2. Principal Place of Business
2005 CORD GRASS CT

3. Mailing Address
2005 CORD GRASS CT.



05192006 REIN-LLC CR2E101 (11/05)

City & State
DESTIN, FL

City & State
DESTIN, FL

4. FEI Number
20-1632116

Applied For
Not Applicable

Zip
32541

Country
USA

Zip
32541

Country
USA

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

6. Name and Address of Current Registered Agent

GRIFFITH, FRANK E III -
701 NE 1ST ST
HAVANA, FL 32333

7. Name and Address of New Registered Agent

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE MAY 18, 2006

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

TITLE
NAME PRESIDENT
STREET ADDRESS FRANK GRIFFITH
CITY-ST-ZIP 2005 CORD GRASS CT.
DESTIN, FL 32541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600075872436
06/06/06--01015--003 **105.00

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
REINSTATEMENT 05-06

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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-18-2006
Date Daytime Phone #