

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000070788

1. Entity Name
SUN-N-FUN PROPERTIES, L.L.C.



FILED
SECRETARY OF STATE
VISION OF CORPORATIONS

05 NOV -3 AM 9:06

Principal Place of Business
5116 MANDAVILLA
GULF BREEZE, FL 32563

Mailing Address
5116 MANDAVILLA
GULF BREEZE, FL 32563

2. Principal Place of Business

3. Mailing Address

P.O. Box 5216

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10222005 REIN-LLC CR2E101 (6/04)

City & State

City & State
NAVARRE, FL

4. FEI Number
04-3797802

Applied For
Not Applicable

Zip

Country

Zip
32566

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

SINGER, JODI
5116 MANDAVILLA
GULF BREEZE, FL 32563

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

Jacklyn Jeffers
Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SINGER, JODE
5116 MANDAVILLA
GULF BREEZE, FL 32563 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JEFFERS, JEFFREY V.
6985 GANDY DR.
NAVARRE, FL 32566 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JEFFERS, JACKLYN
6985 GANDY
NAVARRE, FL 32566 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SINGER, G. SCOTT
5116 MANDAVILLA
GULF BREEZE, FL 32563 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800061763928
11/29/05--01073--003 **50.00 ☐ 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
☐ 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:

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

11/1/05 850-221-1429
Date Daytime Phone #