2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000002182 1. Entity Name MULLETT STREET, NAPLES, LLC							- FILED		
Principal Place of Business 2780 SOUTH HORSESHOE DR. SUITE #2 NAPLES, FL 34104			Mailing Address 2780 SOUTH HORSESHOE D R. SUITE # 2 NAPLES, FE -3410 4		SECRETARY OF STATE TALLAHASSEE. FLORIDA				
2. Principal P	Place of Busin	ness - No P.O. Box #	Mailing Address 999 Vanderbilt Beach Road						
Suite, Apt. #, etc.			Suite, Apt. #, etc. Suite 1000			11032008		R2E101 (1/07)	
City & State			City & State Naples, Florida			4. FEI Numl 20-21	^{ber} 20980		plied For ot Applicable
Zip		Country	Zip 34108	Cour	Collier	5. Certificat	e of Status Desired	\$5.00 Add Fee Require	
	6. Name	and Address of Current F	Registered Agent	·	7. Name and Address of New Registered Agent Name Change Mark				
CHANEY, MARK 2780 SOUTH HORSESHOE DR.					Chaney, Mark Street Address (P.O. Box Number is Not Acceptable)				
SUITE #2 NAPLES, I	FL 34104		999 Van			erbilt Beach Road Suite 1000			
					City Nap	Naples, FL Zip Code 34108			e 3
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 a the obligations of registered agent.									and accept
SIGNATURE Mark Chaney, Managing Member 0 1/0 9									
		FEE IS \$138.75 , Fee will be \$277.50	In accordance with liability company d	n s. 607.1 lid not red	193(2)(b), F.S., the ceive the prior no	ne limited otice.		k payable to rtment of State	9
9.		MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/CHANG	es	
NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete CHANEY, MARK 2780 SOUTH HORSESHOE DR., SUITE #2- NAPLES, FL- 34104				€ 9	99 Vanderbilt Beach Road, Suite 1000 aples, Florida 34108			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				E IE EET ADDRESS '-ST-ZIP	□ Change □ Addilion 500137679395 11/05/0801043008 **138.75			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Delete				E IET ADDRESS '-SI-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l			☐ Change	Addition
NAME STREET ADORESS CITY-ST-ZIP			☐ Defete		· 1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-21P			☐ Delete				STATEME	Change	Addition A PC
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: Mark Chaney, Managing Member 1/04/08 239-45-9220 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daylord Phone of Daylord									