

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000008960

**FILED**  
**Sep 21, 2006**  
**Secretary of State**

**Entity Name:** FLORIDA SUN RENTALS, LLC

**Current Principal Place of Business:**

8819 SPYGLASS LOOP  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

8818 SPYGLASS LOOP  
CLERMONT, FL 34711

**New Mailing Address:**

8819 SPYGLASS LOOP  
CLERMONT, FL 34711

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

STRAWBRIDGE, DRINDA C  
8819 SPYGLASS LOOP  
CLERMONT, FL 34711 US

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.

SIGNATURE: DRINDA STRAWBRIDGE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: STRAWBRIDGE, DRINDA C  
Address: 8819 SPYGLASS LOOP  
City-St-Zip: CLERMONT, FL 34711

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: STRAWBRIDGE, MARK  
Address: 8819 SPYGLASS LOOP  
City-St-Zip: CLERMONT, FL 34711

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DRINDA STRAWBRIDGE

PRES

09/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date