2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000017270

1. Entity Name
SANTA ROSA SEBRING, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 25 PM 4:46

09/18/07 01008 005 $155.00
09142007 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
1901 WOODWARD ST ORLANDO, FL 32803 US	1901 WOODWARD ST ORLANDO, FL 32803 US
2. Principal Place of Business - No P.O. Box # 421 South Summerlin Ave.	3. Mailing Address 421 South Summerlin Ave.
Suite, Apt #, etc	Suite, Apt #, etc
City & State Orlando	City & State Orlando
Zip 32801 Country US	Zip 32801 Country US

4. FEI Number: 20-2379590 — 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
TROVILLION, DOUGLAS P 1901 WOODWARD ST ORLANDO, FL 32803	Name: Gritzer, Galen Street Address (P.O. Box Number is Not Acceptable): 421 South Summerlin Ave. 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 ______ Galen Gritzer MGRM 9/14/2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GRITZER, GALEN		NAME	600110063186
STREET ADDRESS	8723 FERNWICKE CT		STREET ADDRESS	09/28/07--01057--020 **50.00
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	
TITLE	MGRM	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	TROVILLION, DOUGLAS P		NAME	REINSTATEMENT
STREET ADDRESS	1901 WOODWARD CT		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: ______ Galen Gritzer 9/14/2007 407-898-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

:Document 1, Image 1 of 1