2006 LIMITED LIABILITY COMPANY. REINSTATEMENT

, KEJNSTATEMENT								ԲԱ ՄԻ		
DOCUMENT # L05000023937						<b>3</b>	SECRETA	FILED RY OF STATE CORPORATION		
1. Entity Nam		,,			A TO		DIVISION OF	CORPORATION	10	
SURÁZO, LLC								- and citation	12	
							06 DEC 1	4 AMII: 14		
Principal Place of Business			Mailing Address			. /				
122 CARIBBEAN ROAD			122 CARIBBEAN ROAD							
NAPLES, FL 34108		NAPLES, FL 34108								
						40 111111		 		
2. Principal Place of Business			3. Mailing Address Jane Lamberson			SON				
		SWOPE, LAMBERSON +CHARBONI				n goibi bihi bahi abin abi	ii aalia lipas ilwa talea liifi isi	nent itt fænt		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			10122006	REIN-LLC	CR2E101 (11/05)			
City P Chata		P.O. BOX 111419								
City & State		Naples, Florida		4. FEI NUMB	<sup>per</sup> 20 - 339	3708 H	oplied For ot Applicable			
Zip		Country	7:0	Coun	ntru			_ \$5.00 ***		
			34108	<u> </u>	). S. A	5. Certificate	e of Status Desired	Fee Require		
	6. Name	and Address of Current F	legistered Agent			7. Name and	d Address of New R	egistered Agent		
WOLLMAN, EDWARD E										
5129 CASTELLO DRIVE			Street Address (			dress (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
SUITE 1	EL 04400							<u>.</u>		
NAPLES, FL 34103										
					City			FL   Zip Cod	е	
			the purpose of changing its	register	ed office or re	egistered agent, or bo	oth, in the State of Flo	orida. I am familiar with,	and accept	
the obligations of registered agent.										
SIGNATURE .	-	elim o			44		<i>I</i>	1-16-2006		
	Signature, typed o	or printed name of registered agent ar	nd little if applicable. (NOTE	: Register	ed Agent signatu	re required when reinstating	i)	DATE		
		EE IS \$150.00 , Fee will be \$200.00						e check payable to a Department of Stat	Đ	
9.		MANAGING MEMBER	L RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGRM		☐ Delete	TITLE	E			☐ Change	Addition	
NAME	WALTZER	, JOEL F		NAM	Æ	⊂r	000814	.gaenc	_	
STREET ADDRESS 122 CARIBBEAN ROAD					EET ADDRESS	11/03	7/0601034	D21 **150.	on l	
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Street address					EET ADDRESS				ŀ	
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NAME					'-ST-ZIP	Menaa	1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby C	certify that the	information supplied with	this filing does not qualify for	CITY	emptions cont	tained in Chapter 119	, Florida Statutes. I fu	rther certify that the info	ormation	
NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby of indicated	d on this report	is true and accurate and t	this filling does not qualify for hat my signature shall have t empowered to execute this r	the exe	emptions cont e legal effect	tained in Chapter 119 as if made under oat	, Florida Statutes, I fu h; that I am a manag	rther certify that the info	ermation or of the	
NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby of indicated	d on this report	is true and accurate and t	hat my signature shall have t	the exe	emptions cont e legal effect	tained in Chapter 119 as if made under oat	, Florida Statutes, I fu h; that I am a manag	orther certify that the info ging member or manage	er of the	
NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby of indicated limited liab	d on this report ability compan	is true and accurate and t	hat my signature shall have t	the exe	emptions cont e legal effect	tained in Chapter 119 as if made under oat	, Florida Statutes, I fu h; that I am a manag	orther certify that the info ging member or manage	er of the	
STREET ADDRESS CITY-ST-ZIP  11. I hereby condicated	on this report ability compan	t is true and accurate and t y or the receiver or trustee	hat my signature shall have t	the exe he same eport as	emptions cont e legal effect s required by	tained in Chapter 119 as if made under oatl Chapter 608, Florida	, Florida Statutes, I fu h; that I am a manag	rther certify that the info	er of the	