

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 14 AM 11:14

<b>DOCUMENT # L05000023937</b> 1. Entity Name <b>SURAZO, LLC</b>																																																					
Principal Place of Business <b>122 CARIBBEAN ROAD NAPLES, FL 34108</b>			Mailing Address <b>122 CARIBBEAN ROAD NAPLES, FL 34108</b>																																																		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <i>JANE LAMBERSON</i> <i>SWOPE, LAMBERSON + CHARBONNEAU, PA</i> Suite, Apt. #, etc. <i>P.O. Box 111419</i> City & State <i>Naples, Florida</i> Zip <i>34108</i>		4. FEI Number <b>20-3393708</b> 10122006 REIN-LLC CR2E101 (11/05) Applied For <input type="checkbox"/> \$5.00 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent <b>WOLLMAN, EDWARD E 5129 CASTELLO DRIVE SUITE 1 NAPLES, FL 34103</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>[Signature]</i> <span style="float: right;">11-16-2006</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$200.00</b>		<b>Make check payable to</b> <b>Florida Department of State</b>																																																			
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 40%;">MGRM WALTZER, JOEL F 122 CARIBBEAN ROAD NAPLES, FL 34108</td> <td style="width: 30%; text-align: right;">Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALTZER, JOEL F 122 CARIBBEAN ROAD NAPLES, FL 34108	Delete																						10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 40%;"> <b>500081499605</b>  <b>11/03/06--01034--021 **150.00</b> </td> <td style="width: 30%; text-align: right;">Change Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500081499605</b> <b>11/03/06--01034--021 **150.00</b>	Change Addition																					
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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: <i>Joel Waltzer</i> <span style="float: right;">10/23/06 239 290 2207</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																					

**REINSTATEMENT 2006**