

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000026225

Entity Name: SABAL OASIS INN, LLC

**FILED**  
**Nov 05, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

1652 NORTH TAMIAMI TRAIL  
NORTH FORT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

1652 NORTH TAMIAMI TRAIL  
NORTH FORT MYERS, FL 33903

**New Mailing Address:**

P.O. BOX 2913  
FORT MYERS, FL 33902

FEI Number: 20-2503734

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

VINCENZI, ENZO  
1652 NORTH TAMIAMI TRAIL  
NORTH FORT MYERS, FL 33903 US

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

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: ENZO VINCENZI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ENZO, VINCENZI  
Address: 1652 N TAMIAMI TRL  
City-St-Zip: NORTH FORT MYERS, FL 33903

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: ENZO VINCENZI

MGRM

11/05/2007

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