2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000032316

1. Entity Name
CDSM LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 12 PM 1:57

Principal Place of Business	Mailing Address
8517 LAREDO STREET NAVARRE, FL 32566	8517 LAREDO STREET NAVARRE, FL 32566

08142007 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
145 Shoreline Drive	145 Shoreline Drive
Suite, Apt. #, etc. ~~Mary Esther FL~~	Suite, Apt. #, etc.
City & State: Mary Esther FL	City & State: Mary Esther FL
Zip: 32569 Country: Okaloosa	Zip: 32569 Country: Okaloosa

4. FEI Number — ☐ 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
SIMMONS, STANLEY J 8517 LAREDO STREET NAVARRE, FL 32566	Name: Simmons, Stanley J. Street Address (P.O. Box Number is Not Acceptable): 145 Shoreline Drive City: Mary Esther FL Zip Code: 32569

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 _____ 8-14-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SIMMONS, DEBBIE A 8517 LAREDO STREET NAVARRE, FL 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition MGR Simmons Debbie A 145 Shoreline Drive Mary Esther FL 32569
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SIMMONS, CHRISTOPHER A 145 SHORELINE DRIVE MARY ESTHER, FL 32569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500109589115 09/12/07--01059--025 **105.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SIMMONS, DANIEL S 145 SHORELINE DRIVE MARY ESTHER, FL 32569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2006-2007
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition BLT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 8-14-07 850 240-8257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #