

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000053984

Entity Name: 10-75 LAND HOLDINGS, LLC

**FILED**  
**Oct 25, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

21 SPORTSMAN ROAD  
ROTONDA WEST, FL 33947

## **New Principal Place of Business:**

2750 BAHIA VISTA STREET  
SUITE 250  
SARASOTA, FL 34239

## **Current Mailing Address:**

21 SPORTSMAN ROAD  
ROTONDA WEST, FL 33947

## **New Mailing Address:**

2750 BAHIA VISTA STREET  
SUITE 250  
SARASOTA, FL 34239

FEI Number: 20-3033102

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GUNDERSON, MIKO P  
1861 PLACIDA ROAD  
SUITE 204  
ENGLEWOOD, FL 34223 US

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

MILES, WILLIAM G  
2050 PROCTOR ROAD  
SUITE F  
SARASOTA, FL 34231 US

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: WILLIAM G. MILES

10/25/2010

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ESTATE OF JAMES T. DUFF  
Address: 4900 PASAFINO COURT  
City-St-Zip: LOUISVILLE, KY 40299

Title: MGRM  
Name: DUNN, CARY L  
Address: 2750 BAHIA VISTA STREET, SUITE 250  
City-St-Zip: SARASOTA, FL 34239

Title: MGRM  
Name: KEEN, JOHN T  
Address: 21 SPORTSMAN ROAD  
City-St-Zip: ROTONDA WEST, FL 33947

Title: MGRM  
Name: COOPER, JAMES  
Address: 390 CORAL CREEK DRIVE  
City-St-Zip: CAPE HAZE, FL 33946

I hereby 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: CARY L. DUNN

MGRM

10/25/2010

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