

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 24 PM 2:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (10/08)

DOCUMENT # L05000066385

1. Limited Liability Company's Name

SUSSEX, LLC

2. Principal Office Address - No P.O. Box #

2614 NORTH TAMiami TRAIL

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#710

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

Zip

34103

Country

USA

Zip

Country

4. State/Country of Formation

FL

**5. Date Organized or Qualified
To Do Business In Florida**

07/06/2005

6. FEI Number

203142377

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee Incurred
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JAMES MCPARTLAND

Street Address (P.O. Box Number is Not Acceptable)

2614 TAMiami TRAIL N

Suite, Apt. #, Etc.

#710

City

NAPLES

State

FL

Zip Code

34103

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

James McPartland

REGISTERED AGENT MUST SIGN

Date

2/12/09

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JAMES MCPARTLAND	2614 TAMiami TRAIL N #710	NAPLES FL 34103

700144173597
02/23/09-01010-020 **421.25

REINSTATEMENT 07-09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

James McPartland

Date

2/12/09

Daytime Phone #

2399194744

Typed or printed name of signing Managing Member/Manager

JAMES MCPARTLAND

N. ~~000000~~ FEB 25 2009