

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000070452

1. Entity Name
SP5, L.L.C.



FILED

08 AUG -5 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5022 GATE PARKWAY
SUITE 208
JACKSONVILLE, FL 32256

Mailing Address
5022 GATE PARKWAY
SUITE 208
JACKSONVILLE, FL 32256

2. Principal Place of Business - No P.O. Box #
3907 Ponte Vedra Blvd.
Suite, Apt. #, etc.

3. Mailing Address
3907 Ponte Vedra Blvd.
Suite, Apt. #, etc.

City & State
Jacksonville Beach

City & State
Jacksonville Beach

Zip
32250

Country
US

Zip
32250

Country
US

07102008 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-3201314

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CYRUS, ROBERT R
214 NORTH THIRD STREET
SUITE A
LEESBURG, FL 34748

7. Name and Address of New Registered Agent

Name
AMY GROSHALL
Street Address (P.O. Box Number is Not Acceptable)
3907 Ponte Vedra Blvd.
City
Jacksonville Beach FL Zip Code
32250

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 *Amy Groshell* / AMY GROSHALL, MGRM *7-19-08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$277.50

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

TITLE MGRM ☒ Delete
NAME GUDAL, W. STEELE
STREET ADDRESS 5022 GATE PARKWAY, SUITE 208
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE MGRM ☒ Delete
NAME PERLINI, SHARON
STREET ADDRESS 5022 GATE PARKWAY, SUITE 208
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME GROSHALL, AMY
STREET ADDRESS 3907 PONTE VEDRA BLVD.
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

☐ Change ☐ Addition
800133410398
07/24/08--01050--003 **277.50

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Amy Groshell* / AMY GROSHALL *7-19-08* 904-294-0209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

REINSTATEMENT 07-08