

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000080488

**FILED**  
**Jun 20, 2007**  
**Secretary of State**

**Entity Name:** EDGEWATER HOLDINGS, LLC

**Current Principal Place of Business:**

500 MEMORIAL CIRCLE, STE. E-2  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

3685 JOHN ANDERSON DRIVE  
ORMOND BEACH, FL 32176 US

**Current Mailing Address:**

500 MEMORIAL CIRCLE, STE. E-2  
ORMOND BEACH, FL 32174

**New Mailing Address:**

3685 JOHN ANDERSON DRIVE  
ORMOND BEACH, FL 32176 US

**FEI Number:** 20-3308462      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

DANA, FRANKLIN  
500 MEMORIAL CIRCLE, STE. E-2  
ORMOND BEACH, FL 32174 US

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

DANA, FRANKLIN  
3685 JOHN ANDERSON DRIVE  
ORMOND BEACH, FL 32176 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: FRANKLIN DANA

06/20/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR ( ) Change (X) Addition  
Name: DANA, FRANKLIN  
Address: 3685 JOHN ANDERSON DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: MR ( ) Change (X) Addition  
Name: RANCHANDER, NEVILLE  
Address: 806 RIVERSIDE DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: MR ( ) Change (X) Addition  
Name: SINGIREDDY, SUKHENDER  
Address: 880 RIVERSIDE DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: MR ( ) Change (X) Addition  
Name: GOLLA, BHOSKAR  
Address: 9 MOSS POINT DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MR ( ) Change (X) Addition  
Name: PATEL, RAKESH  
Address: 107 BLACK HICKORY WAY  
City-St-Zip: ORMOND BEACH, FL 32174 US

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: FRANKLIN DANA

MR

06/20/2007

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