

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000092286

**FILED**  
**Oct 23, 2007**  
**Secretary of State**

**Entity Name:** SAMSUM PROPERTIES, LLC

**Current Principal Place of Business:**

36 S. SEMRON BLVD.  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 678055  
ORLANDO, FL 32807

**New Mailing Address:**

**FEI Number:** 20-3455713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRESUTTI, MICHAEL J  
3001 ALOMA AVENUE  
WINTER PARK, FL 32792 US

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

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:** AHMED BADAWI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRD ( ) Delete  
**Name:** PRESUTTI, MICHAEL J  
**Address:** 3001 ALOMA AVENUE, SUITE 109  
**City-St-Zip:** WINTER PARK, FL 32792

**Title:** MGRM ( ) Delete  
**Name:** BADAWI, AHMED  
**Address:** 36 SOUTH SEMORAN BLVD SUITE C  
**City-St-Zip:** ORLANDO, FL 32807

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** AHMED BADAWI

MANG

10/23/2007

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