2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 30, 2009
Secretary of State

DOCUMENT# L05000095472

Entity Name: SNUG HARBOR VILLAGE, LLC

Current Principal Place of Business:

10901 CORPORATE CIRCLE NORTH
SUITE A
ST PETERSBURG, FL 33716 US

New Principal Place of Business:

Current Mailing Address:

10901 CORPORATE CIRCLE NORTH
SUITE A
ST PETERSBURG, FL 33716 US

New Mailing Address:

FEI Number: 20-3647595 **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:

EAST, CLARK D MGR
10901 CORPORATE CIRCLE NORTH
SUITE A
ST PETERSBURG, FL 33716 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: CLARK D EAST

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: EAST, CLARK D MGR
Address: 10901 CORPORATE CIRCLE NORTH STE A
City-St-Zip: ST PETERSBURG, FL 33716 US

Title: MGR ( ) Delete
Name: WHITE, MICHAEL A MGR
Address: 10901 CORPORATE CIRCLE NORTH STE A
City-St-Zip: ST PETERSBURG, FL 33716 US

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: CLARK D EAST MGR 11/30/2009

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