

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000097723

**FILED**  
**Dec 12, 2006**  
**Secretary of State**

**Entity Name:** MIRASOL VENTURES, LLC

**Current Principal Place of Business:**

501 S. DAKOTA AVE.  
SUITE 4  
TAMPA, FL 33606

**New Principal Place of Business:**

476 BOSPHOROUS AVENUE  
TAMPA, FL 33606

**Current Mailing Address:**

501 S. DAKOTA AVE.  
SUITE 4  
TAMPA, FL 33606

**New Mailing Address:**

476 BOSPHOROUS AVENUE  
TAMPA, FL 33606

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

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

HOBBY, CLARKE G  
109 N. BRUSH ST.  
SUITE 250  
TAMPA, FL 33602 US

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

JASON, JEANNETTE  
476 BOSPHOROUS AVENUE  
TAMPA, FL 33606 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: JEANNETTE JASON

12/12/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SIMPLE CENTERS USA., INC.  
Address: 501 S. DAKOTA AVE., SUITE 4  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JASON, JEANNETTE  
Address: 476 BOSPHOROUS AVENUE  
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the 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: JEANNETTE JASON

MGR

12/12/2006

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