Division of Corporations

L05000121310

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

SOS-2005, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$377.50

Electronic Filing Menu Corporate Filing Menu Help

N. Gilligan MAR 12 2008

March 11, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SOS-2005, LLC
P.O. BOX 40471
ST. PETERSBURG, FL 33743US

SUBJECT: SOS-2005, LLC
REF: L05000121310

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
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FILED
08 MAR 11 AM 8:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000121310

1. Entity Name
SOS-2005, LLC

Principal Place of Business	Mailing Address
P.O. BOX 40471 ST. PETERSBURG, FL 33743 US	P.O. BOX 40471 ST. PETERSBURG, FL 33743 US

[redacted]

02212008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2841 Executive Drive		2841 Executive Drive	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100	
City & State Clearwater, FL		City & State Clearwater, FL	
Zip 33762	Country US	Zip 33762	Country US

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VOGELBACHER, PIERRE M
2560 GULF TO BAY BLVD., SUITE 300
CLEARWATER, FL 33765

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 [signature] 4/10/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $377.50

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EQUINOX LINK IRREVOCABLE TRUST P.O. BOX 40471 ST. PETERSBURG, FL 33743	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT ☐ Change ☐ Addition 07.08
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

EQUINOX LINK IRREVOCABLE TRUST, Manager

SIGNATURE: By: [signature] (727)384-9005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

, Trustee

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