

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000050086

**FILED**  
**Oct 31, 2008**  
**Secretary of State**

**Entity Name:** SEQUOIA PROPERTIES, LLC

**Current Principal Place of Business:**

672 CARRIGAN WOODS TR  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

672 CARRIGAN WOODS TR  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 03-0591765      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:**

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

BENSON, STEVEN  
672 CARRIGAN WOODS TR  
OVIEDO, FL 32765      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: STEVEN BENSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: BENSON, STEVEN  
Address: 672 CARRIGAN WOODS TR  
City-St-Zip: OVIEDO, FL 32765

Title: MGRM      ( ) Delete  
Name: BENSON, MECHELLE  
Address: 672 CARRIGAN WOODS TR  
City-St-Zip: OVIEDO, FL 32765

**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: MECHELLE BENSON

MGMR

10/31/2008

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