

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000080717

Entity Name: ROCKWELL SAYERS LLC

FILED  
Nov 12, 2008  
Secretary of State

## Current Principal Place of Business:

6151 LAKE OSPREY DRIVE  
3RD FLOOR  
SARASOTA, FL 34240

## New Principal Place of Business:

5342 CLARK ROAD  
#186  
SARASOTA, FL 34233

## Current Mailing Address:

6151 LAKE OSPREY DRIVE  
3RD FLOOR  
SARASOTA, FL 34240

## New Mailing Address:

5342 CLARK ROAD  
#186  
SARASOTA, FL 34233

FEI Number: 20-0555212      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:

GREENE, MARC  
6151 LAKE OSPREY DRIVE  
3RD FLOOR  
SARASOTA, FL 34240 US

## Name and Address of New Registered Agent:

GREENE, MARC  
5342 CLARK ROAD  
#186  
SARASOTA, FL 34233 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: MARC GREENE

11/12/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: GREENE, MARC  
Address: 6151 LAKE OSPREY DRIVE, 3RD FLOOR  
City-St-Zip: SARASOTA, FL 34240

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: GREENE, MARC  
Address: 5342 CLARK ROAD, #186  
City-St-Zip: SARASOTA, FL 34233

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: MARC S GREENE

MGR

11/12/2008

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