2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN -4 PM 5:13

DOCUMENT # L06000090119

1. Entity Name
DUNCAN - SABRE LLC

Principal Place of Business	Mailing Address
PO BOX 24832 TAMPA, FL 33623 US	PO BOX 24832 TAMPA, FL 33623 US

03172008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	PO BOX 55368
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: St Petersburg FL
Zip / Country	Zip: 33732 / Country: USA

4. FEI Number: 20-5669996 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WINEBRENNER, JACK M
8950 MARTIN LUTHER KING STREET N.
SUITE 130
ST PETERSBURG, FL 33732

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 1384 - 54th AVE NE

City: ST PETERSBURG FL Zip Code: 33703

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: _____ 4/14/08
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	MGRM DJEBBARI, DONATIEN PO BOX 24832 TAMPA, FL 33623	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200121792792 04/01/08--01021--010 **377.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DJEBBARI, DONATIEN PO BOX 24832 TAMPA, FL 33623	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200121792792 05/02/07--90339--036 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	07 FF - $138.75	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 07-09
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	08 FF - $138.75 09 FF - $138.75	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Ltr
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHS 5.00 OP 6.25	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Entity Admin. Dissolved due to DOR processing error Ltr

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.

SIGNATURE: _____ DONATIEN DJEBBARI 3/28/08 727/327-1256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

B. Tedlock AUG 28 2009