

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000103643

Entity Name: SUNDIP, LLC

FILED
Jun 23, 2008
Secretary of State

Current Principal Place of Business:

136 ATLANTIC ROAD
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

136 ATLANTIC ROAD
NORTH PALM BEACH, FL 33408 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

SAUERBERG, ERIC M
200 VILLAGE SQUARE CROSSING
SUITE 102
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

RICHTER, DARLINE
8895 NORTH MILITARY TRAIL
SUITE 306E
PALM BEACH GARDENS, FL 33410 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: DARLINE RICHTER

06/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DOYLE, CRAIG A
Address: 136 ATLANTIC ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: MGR () Delete
Name: DOYLE, MARGARET M
Address: 136 ATLANTIC ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408 US

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: CRAIG DOYLE

MGR

06/23/2008

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