

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000035412

FILED  
Sep 29, 2008  
Secretary of State

**Entity Name:** SUNSHINE TITLE AND TRUST, LLC

**Current Principal Place of Business:**

4802 LONDONDERRY DR  
TAMPA, FL 33647

**New Principal Place of Business:**

1515 N. MARION ST  
TAMPA, FL 33602

**Current Mailing Address:**

4802 LONDONDERRY DR  
TAMPA, FL 33647

**New Mailing Address:**

1515 N. MARION ST  
TAMPA, FL 33602

FEI Number: 20-8766335      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:**

ERIKSEN, GREG R  
4802 LONDONDERRY DR  
TAMPA, FL 33647      US

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

ERIKSEN, JOHN  
1515 N. MARION ST  
TAMPA, FL 33602      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: JOHN ERIKSEN

09/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: ERIKSEN, GREG R  
Address: 4802 LONDONDERRY DR  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: ERIKSEN, JOHN  
Address: 1515 N. MARION ST  
City-St-Zip: TAMPA, FL 33602

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: JOHN ERIKSEN

P

09/29/2008

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