


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000054102						<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> FILED 09 APR -7 AM 11:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
1. Entity Name SEQUOIA HOLDINGS GR, LLC				Principal Place of Business 3867 MULLENHURST DRIVE PALM HARBOR, FL 34685			
Mailing Address 3867 MULLENHURST DRIVE PALM HARBOR, FL 34685				2. Principal Place of Business - No P.O. Box # 2360 Boy Scout Rd			
Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Clearwater, FL				City & State			
Zip 33763		Country Pinellas		Zip		Country	
4. FEI Number 11-3813190				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MATTON, GREGORY E ESQ. C/O BROAD AND CASSEL 100 N. TAMPA STREET, SUITE 3500 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name No Change Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDSON, GARY 3867 MULLENHURST DRIVE PALM HARBOR, FL 34685 <div style="text-align: right;">→ C.O.A.</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Richardson, Gary 2360 Boy Scout Rd. Clearwater, FL 33763		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
S. HAWKES APR - 8 2009 EXAMINER				REINSTATEMENT 2008-09			
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: <u>Gary A. Richardson</u>				Date: 2/26/09 Daytime Phone #: 727-791-9080			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							