2008 LIMITED LIABILITY COMPANY REINSTATEMENT

08 OFC 22 M 9 53 DOCUMENT # L07000072996 1. Entity Name 📝 SENÉZ SOLAR ENERGY PROTECTION, LLC Principal Place of Business Mailing Address PO BOX 740446 PO BOX 740446 ORANGE CITY, FL 32774 ORANGE CITY, FL 32774 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1060 E. INDUSTRIAL DR Suite, Apt #, etc. Suite, Apt. #, etc. 11122008 REIN-LLC CR2E101 (1/07) 5U17E ORANCE 4. FEI Number Applied For City & State CITY FLNot Applicable 32763 Country \$5.00 Additional 5. Certificate of Status Desired . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C/O LANDIS GRAHAM FRENCH, P.A. Street Address (P.O. Box Number is Not Acceptable) 444 SEABREEZE BOULEVARD **SUITE 1001** DAYTONA BEACH, FL 32118 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. Skynature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$238.75 Florida Department of State After January 1, 2009, Fee will be \$377.50 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM Addition TITLE ☐ Delete NAME O'QUINN, SHAWN NAME STREET ADDRESS STREET ADDRESS PO BOX 740446 CITY-ST-ZIP ORANGE CITY, FL 32774 CITY-ST-ZIP ■ Addition Change MGRM ☐ Delete TITLE TITLE SENEZ, ISAAC NAME NAME STREET ADDRESS PO BOX 740446 STREET ADDRESS ORANGE CITY, FL 32774 CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Dolete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Add:tion Delete ' - \ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daylime Phone



December 3, 2008

SENEZ SOLAR ENERGY PROTECTION, LLC PO BOX 740446 ORANGE CITY, FL 32774

SUBJECT: SENEZ SOLAR ENERGY PROTECTION, LLC

Ref. Number: L07000072996

We have received your document for SENEZ SOLAR ENERGY PROTECTION, LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 308A00058876

Suzanne Hawkes Regulatory Specialist II