

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000105095

Entity Name: HOLLIDAY-SCOTT, LLC

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

300 PARKSHORE DRIVE  
UNIT 4E  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 309  
NAPLES, FL 34106 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MAST, CHRISTOPHER E  
1059 5TH AVENUE NORTH  
NAPLES, FL 34102 US

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

KORDA, ANTHONY  
5621 STRAND BLVD  
202  
NAPLES, FL 34110 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: ANTHONY KORDA

02/22/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MORA CASTRO, NELSON  
Address: 300 PARK SHORE DRIVE # 4E  
City-St-Zip: NAPLES, FL 34103 US

Title: MGR  
Name: JOOSTEN, ANNE M  
Address: 300 PARK SHORE DRIVE # 4E  
City-St-Zip: NAPLES, FL 34103 US

I hereby 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: NELSON MORA

MGRM

02/22/2010

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