

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000003177

FILED
Sep 30, 2009
Secretary of State

Entity Name: SEASIDE SIESTA VACATION RENTALS, LLC

Current Principal Place of Business:

556 N OLEANDER
DAYTONA BEACH, FL 32118 US

New Principal Place of Business:

552 N OLEANDER
DAYTONA BEACH, FL 32118 US

Current Mailing Address:

PO BOX 244
DAYTONA BEACH, FL 32115 US

New Mailing Address:

PO BOX 1934
ORMOND BEACH, FL 32175 US

FEI Number: 11-3834710 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:

Name and Address of New Registered Agent:

GLEASON, APRIL M
55 VINING COURT
#220
ORMOND BEACH, FL 32176 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: APRIL M GLEASON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BABAZADEH, BENJAMIN
Address: PO BOX 244
City-St-Zip: DAYTONA BEACH, FL 32174 US

Title: MGRM (X) Delete
Name: GLEASON, APRIL M
Address: PO BOX 244
City-St-Zip: DAYTONA BEACH, FL 32115 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GLEASON, APRIL M MISS
Address: PO BOX 1934
City-St-Zip: ORMOND BEACH, FL 32175 US

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: APRIL M GLEASON

MGRM

09/30/2009

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