

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000026481

Entity Name: SUSAN OWENS, LLC

FILED
Oct 15, 2009
Secretary of State

Current Principal Place of Business:

3655 BONITA BEACH ROAD
SUITE 1
BONITA SPRINGS, FL 34134

Current Mailing Address:

3655 BONITA BEACH ROAD
SUITE 1
BONITA SPRINGS, FL 34134

New Principal Place of Business:

3655 BONITA BEACH ROAD
SUITE 1
BONITA SPRINGS, FL 34134 US

New Mailing Address:

3655 BONITA BEACH ROAD
SUITE 1
BONITA SPRINGS, FL 34134 US

FEI Number: FEI Number Applied For (X) 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:

GOEDE, JOHN C ESQ.
9915 TAMIAMI TRAIL NORTH
SUITE1
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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 C. GOEDE, ESQ.

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OWENS, SUSAN
Address: 3655 BONITA BEACH ROAD, SUITE 1
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: OWENS, DAVID
Address: 3655 BONITA BEACH ROAD, SUITE 1
City-St-Zip: BONITA SPRINGS, FL 34134 US

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: SUSAN OWENS

MGR

10/15/2009

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