

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000060723

FILED
Nov 05, 2009
Secretary of State

Entity Name: SUNNYHORSE INVESTMENTS, LLC

Current Principal Place of Business:

67 ANGELFISH CAY DRIVE
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

24 DOCKSIDE LANE, P.M.B. 77
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 26-2871581 **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:

CFRA, LLC
CORPORATE CENTER THREE AT INTL PLAZA
4221 W. BOY SCOUT, 10TH FLOOR
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

ADLER, LESLIE
9100 S. DADELAND BLVD.
SUITE 1600
MIAMI, FL 33156 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: LESLIE ADLER

11/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: SCHULTZE, ADELAIDE
Address: 24 DOCKSIDE LANE, P.M.B. 77
City-St-Zip: KEY LARGO, FL 33037

Title: MGR () Change (X) Addition
Name: MEBANE, CURRIE
Address: 1816 MARGARET AVENUE
City-St-Zip: ANNAPOLIS, MD 21401

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: ADELAIDE SCHULTZE

MGR

11/05/2009

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