

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000071736

**FILED**  
**Oct 09, 2009**  
**Secretary of State**

**Entity Name:** COPARIS LLC

**Current Principal Place of Business:**

% CUMMINGS & LOCKWOOD LLC  
3001 TAMiami TRAIL NORTH, SUITE 400  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

% CUMMINGS & LOCKWOOD LLC  
3001 TAMiami TRAIL NORTH, SUITE 400  
NAPLES, FL 34103

**New Mailing Address:**

4937 BUCHANAN PLACE  
SARASOTA, FL 34231

**FEI Number:** 26-3047083      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

CLASP, INC.  
3001 TAMiami TRAIL NORTH, SUITE 400  
NAPLES, FL 34103      US

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

HUGHES, BILLY RAY  
4937 BUCHANAN PLACE  
SARASOTA, FL 34231      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: BILLY RAY HUGHES

10/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SMITH, KARL K  
Address: 3001 TAMiami TRAIL NORTH, SUITE 400  
City-St-Zip: NAPLES, FL 34103

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

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

**ADDITIONS/CHANGES:**

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

Title: MGR      ( ) Change (X) Addition  
Name: QAISIYEH, YACUOB  
Address: 3001 TAMiami TRAIL NORTH, SUITE 400  
City-St-Zip: NAPLES, FL

Title: MGR      ( ) Change (X) Addition  
Name: HUGHES, BILLY RAY  
Address: 3001 TAMiami TRAIL NORTH, SUITE 400  
City-St-Zip: NAPLES, FL

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: BILLY RAY HUGHES

MGR

10/09/2009

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