

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000085808

**FILED**  
**Oct 15, 2009**  
**Secretary of State**

**Entity Name:** SEMINOLE HEIGHTS PROPERTY, LLC.

**Current Principal Place of Business:**

5135 NORTH FLORIDA AVENUE  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

5135 NORTH FLORIDA AVENUE  
TAMPA, FL 33603

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

GRAHAM, MICHAEL E SR.  
5135 NORTH FLORIDA AVENUE  
TAMPA, FL 33603 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: MICHAEL GRAHAM

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: GRAHAM, MICHAEL E SR.  
Address: 5135 NORTH FLORIDA AVENUE  
City-St-Zip: TAMPA, FL 33603

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: MICHAEL E. GRAHAM

MGRM

10/15/2009

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