

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000012196

Entity Name: SUNSET HOLIDAYS, LLC

**FILED**  
**Jun 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

17555 ATLANTIC BOULEVARD  
UNIT # 1205  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

17555 ATLANTIC BOULEVARD  
UNIT # 1205  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

ALAN J. POLIN, P.A.  
3300 UNIVERSITY DRIVE  
SUITE 304  
CORAL SPRINGS, FL 33065 US

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

POLIN LAW GROUP/ALAN J. POLIN, P.A.  
ONE LINCOLN PLACE, 1900 GLADES RD.  
SUITE 355  
BOCA RATON, FL 33431 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: ALAN J. POLIN

06/18/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DE MARINIS, VINCENZO  
Address: C/O POLIN LAW GROUP, 1900 GLADES RD. #355  
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM  
Name: DE MARINIS, FRANCESCO  
Address: C/O POLIN LAW GROUP, 1900 GLADES RD. #355  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM  
Name: DE MARINIS, GIUSEPPE  
Address: C/O POLIN LAW GROUP, 1900 GLADES RD. #355  
City-St-Zip: BOCA RATON, FL 33431

I hereby 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: FRANCESCO DEMARINIS

MGRM

06/18/2012

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