

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000017892

**FILED**  
**Oct 05, 2011**  
**Secretary of State**

**Entity Name:** SUNSHINE STATE PARTNERS, L.L.C.

**Current Principal Place of Business:**

11253 NE SUNSHINE BOULEVARD  
HOSFORD, FL 32334

**New Principal Place of Business:**

4703 NW 53RD AVENUE  
SUITE B-1  
GAINESVILLE, FL 32653

**Current Mailing Address:**

P. O. BOX 179  
HOSFORD, FL 32334

**New Mailing Address:**

4703 NW 53RD AVENUE  
SUITE B-1  
GAINESVILLE, FL 32653

**FEI Number:** 26-4320318

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NORRIS, JOHN E  
253 NW MAIN BLVD.  
LAKE CITY, FL 32055 US

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

MASTIN, JAMES T  
7612 SW 47TH LANE  
GAINESVILLE, FL 32608 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: JAMES T. MASTIN

10/05/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MORRIS, HAYES  
Address: P. O. BOX 1407  
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM  
Name: MASTIN, JAMES T  
Address: 7612 SW 47TH LN  
City-St-Zip: GAINESVILLE, FL 32608

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: JAMES T. MASTIN

MGMR

10/05/2011

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