

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000045242

FILED
Apr 10, 2012
Secretary of State

Entity Name: SWFL VACATION RENTALS, LLC

Current Principal Place of Business:

2825 PALM BEACH BLVD., #718
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

W6360 LAKE ELLEN DR
CASCADE, WI 53011

New Mailing Address:

FEI Number: 27-2570184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAINE, DONALD M III
18006 JAVA ISLE DR
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: JANICE NULL

04/10/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: V
Name: LAINE, DONALD M JR.
Address: W6360 LAKE ELLEN DR
City-St-Zip: CASCADE, WI 53011

Title: V
Name: LAINE, ROBERTA S
Address: W6360 LAKE ELLEN DR
City-St-Zip: CASCADE, WI 53011

Title: T
Name: LAINE, KELLY A
Address: 6240 CENTRAL AVE.
City-St-Zip: INDIANAPOLIS, IN 46220

Title: MGRM
Name: LAINE, DONALD M III
Address: 6240 CENTRAL AVE.
City-St-Zip: INDIANAPOLIS, IN 46220

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: DONALD M LAINE III

MMGR

04/10/2012

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