

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 OCT -3 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E041 (1/11)

DOCUMENT # L12000052128

1. Limited Liability Company's Name

SUNGLASS PARTNERS LLC

2. Principal Office Address - No P.O. Box #

725 HAMLIN DR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DOCEE, FL

City & State

Country

Zip

34761

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

4/16/12

6. FEI Number

20-4568704

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

LEW SHWILLER

Street Address (P.O. Box Number is Not Acceptable)

725 HAMLIN DR

Suite, Apt. #, Etc.

City

DOCEE

State

FL

Zip Code

34761

E-mail Address:

100252369271

10/03/13--01033--004 **238.75

lewshwi@lewschw.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date

10/1/13

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	LEW SHWILLER	725 HAMLIN DR	DOCEE, FL 34761

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date

10/1/13

Daytime Phone #

770/636 1600

Typed or printed name of signing Managing Member/Manager

OCT 03 2013

C. CARROTHERS