

# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M02000000826

**FILED**  
**Oct 30, 2012**  
**Secretary of State**

**Entity Name:** SUNSET HOUSING GROUP, LLC

**Current Principal Place of Business:**

22 CRAVEN ST  
CAVE SPRING, GA 30124 US

**New Principal Place of Business:**

534 PERRY FARM ROAD  
CAVE SPRING, GA 30124 US

**Current Mailing Address:**

P.O. BOX 275  
CAVE SPRING, GA 30124 US

**New Mailing Address:**

534 PERRY FARM ROAD  
CAVE SPRING, GA 30124 US

FEI Number: 58-2614851

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CRAWFORD, THOMAS M MR  
54 MIRUELA AVENUE  
SAINT AUGUSTINE, FL 32080 US

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

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: THOMAS CRAWFORD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: JACKSON, BEN  
Address: 534 PERRY FARM RD  
City-St-Zip: CAVE SPRING, GA 30124

Title: MGRM  
Name: JACKSON, LESLIE D  
Address: 534 PERRY FARM ROAD  
City-St-Zip: CAVE SPRINGS, GA 30124

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: BEN JACKSON

MGR

10/30/2012

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