

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M06000006041

1. Entity Name
SUNNYWOOD ESTATES LLC



FILED

08 DEC 23 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3355 W. ALABAMA, STE 1150
HOUSTON, TX 77098

Mailing Address
3355 W. ALABAMA, STE 1150
HOUSTON, TX 77098



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10202008 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number
20-5396648

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE STE A
TALLAHASSEE, FL 32301

Name K.L. MCLEMORE

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

79 10TH STREET

City APALACHICOLA

FL

Zip Code 32320

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/10/08

DATE

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME MCLEMORE, S. H.
STREET ADDRESS 3355 W. ALABAMA, STE 1150
CITY-ST-ZIP HOUSTON, TX 77098 ☐ Delete

TITLE
NAME
STREET ADDRESS 300139199613
CITY-ST-ZIP 12/22/08--01037--010 **143.75 ☐ Change ☐ Addition

TITLE MEMB
NAME MCLEMORE, K.L.
STREET ADDRESS 3355 W. ALABAMA, STE 1150
CITY-ST-ZIP HOUSTON, TX 77098 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MEMB
NAME MCLEMORE, W.W.
STREET ADDRESS 3355 W. ALABAMA, STE 1150
CITY-ST-ZIP HOUSTON, TX 77098 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MEMB
NAME MCLEMORE, D.S.
STREET ADDRESS 3355 W. ALABAMA, STE 1150
CITY-ST-ZIP HOUSTON, TX 77098 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MEMB
NAME MCLEMORE, M.
STREET ADDRESS 3355 W. ALABAMA, STE 1150
CITY-ST-ZIP HOUSTON, TX 77098 ☐ Delete

TITLE REINSTATEMENT
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SCOTT H. MCLEMORE