

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M08000000906

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** SAFARA ASSOCIATES LLC

**Current Principal Place of Business:**

235 APOLLO BEACH BLVD #212  
APOLLO BEACH, FL 33572

**New Principal Place of Business:**

**Current Mailing Address:**

235 APOLLO BEACH BLVD #212  
APOLLO BEACH, FL 33572

**New Mailing Address:**

**FEI Number:** 20-1467604

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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: MARK WILLIAMS, A.V.P.

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CARMACK, ROBERT  
Address: 235 APOLLO BEACH BLVD #212  
City-St-Zip: APOLLO BEACH, FL 33572

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: ROBERT CARMACK

MGRM

05/03/2010

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