

2023 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M19000012197

Entity Name: SUN PALACE HOLDINGS LLC**Current Principal Place of Business:**1750 ESTERO BOULEVARD
FORT MYERS BEACH, FL 33931**Current Mailing Address:**1750 ESTERO BOULEVARD
FORT MYERS BEACH, FL 33931 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:** STEPHEN CHANDLER

03/20/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO, MANAGER
Name BRENNAN, WILLIAM
Address 5301 S CROATAN HWY
City-State-Zip: NAGS HEAD NC 27959

Title MANAGER
Name HUNTER, TAD
Address 5301 S CROATAN HWY
P.O. BOX 1807
City-State-Zip: NAGS HEAD NC 27959

Title MANAGER
Name DWYER, JAKOB
Address 5301 S CROATAN HWY
P.O. BOX 1807
City-State-Zip: NAGS HEAD NC 27959

Title MANAGER
Name OLIN, RYAN
Address 5301 S CROATAN HWY
P.O. BOX 1807
City-State-Zip: NAGS HEAD NC 27959

Title MANAGER
Name OLIN, JACOBIE
Address 5301 S CROATAN HWY
P.O. BOX 1807
City-State-Zip: NAGS HEAD NC 27959

Title MANAGER
Name BLUEWATER TRADERS
Address 5301 S CROATAN HWY
P.O. BOX 1807
City-State-Zip: NAGS HEAD NC 27959

Title MANAGER
Name LIGHTBAY INVESTMENT PARTNERS
Address 5301 S CROATAN HWY
P.O. BOX 1807
City-State-Zip: NAGS HEAD NC 27959

Title MANAGER
Name LBC CREDIT PARTNERS
Address 5301 S CROATAN HWY
P.O. BOX 1807
City-State-Zip: NAGS HEAD NC 27959

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I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID REED

CFO

03/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	MANAGER
Name	MIKLAVIC, MIKE
Address	5301 S CROATAN HWY P.O. BOX 1807
City-State-Zip:	NAGS HEAD NC 27959