

L05 000061834

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LIMITED LIABILITY REINSTATEMENT

WESTRIDGE, LLC

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JAN 27 2009

EXAMINER

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From-RUDEN McCLOSKEY FTL

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January 13, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WESTRIDGE, LLC
2440 S.W. 105TH TERRACE
DAVIE, FL 33324

SUBJECT: WESTRIDGE, LLC
REF: L05000061834

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Suzanne Hawkes
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Registration Section

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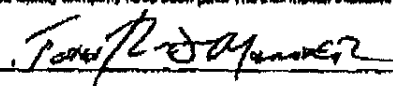
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		09 JAN 25 AM 8:25 FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L05000061834 1. Limited Liability Company's Name Webtride, LLC					
2. Principal Office Address - No P.O. Box # 1819 SE 17th St., #1209 Suite, Apt. #, etc.		3. Mailing Office Address 1819 SE 17th St., #1209 Suite, Apt. #, etc.		4. State/Country of Formation Florida	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL		5. Date Organized or Qualified To Do Business in Florida 06/21/05	
Zip 33316	Country USA	Zip 33316	Country USA	6. FEI Number 20-3793778	
7. CERTIFICATE OF STATUS DESIRED ☐				☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
8. Name and Address of Current Registered Agent Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Dr., Suite 4 Suite, Apt. #, Box City Weston, State FL Zip Code 33331					
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 01-09-2009 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager		City / State / Zip	
MGRM	Jonathan D. Mariner	1819 SE 17th St., #1209		Ft. Lauderdale, FL 33316	
MGRM	Mildred C. Mariner	1819 SE 17th St., #1209		Ft. Lauderdale, FL 33316	
11. I certify that I am managing member/manager or the receiver or trustee empowered to withdraw 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.					
Signature of Managing Member/Manager  Date 01-08-09 Daytime Phone 212-931-7820					
Typed or printed name of signing Managing Member/Manager Jonathan D. Mariner, Managing Member					

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