

L05000117185

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LIMITED LIABILITY REINSTATEMENT

HOLTGERS WELLINGTON PROPERTIES, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$377.50

J. BRYAN

FEB 29 2008

EXAMINER

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LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L05000117185
 1. Limited Liability Company's Name
HOLTGERS WELLINGTON PROPERTIES, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 15050 Golden Point Lane		3. Mailing Office Address 15050 Golden Point Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Wellington FL		City & State Wellington FL	
Zip 33414	Country USA	Zip 33414	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 12/07/2005	
6. FID Number 39-1502729	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status.	

8. Name and Address of Current Registered Agent

Name
Ellen Van Dyke Holtgers

Street Address (P.O. Box Number is Not Acceptable)
15050 Golden Point Lane

Suite Apt # Floor

City
Wellington

State
FL

Zip Code
33414

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.

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 *Ellen Van Dyke Holtgers* Date February 28, 2008
 REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Member/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Ellen Van Dyke Holtgers	15050 Golden Point Lane	Wellington FL 33414

REINSTATEMENT 2007-08

11. I certify that I am managing member/manager of the receiver or trustee empowered to execute 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 satisfied the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information included 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 *Ellen Van Dyke Holtgers* Date Feb 28, 2008 Daytime Phone #
 Ellen Van Dyke Holtgers

Typed or printed name of signing Managing Member/Manager