

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000114263

**FILED**  
**Feb 02, 2010**  
**Secretary of State**

**Entity Name:** COMMUNITY MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

13650 FIDDLESTICKS BLVD.  
SUITE 202 #114  
FORT MYERS, FL 33912

**New Principal Place of Business:**

12799 ASTON OAKS DR.  
FORT MYERS, FL 33912

**Current Mailing Address:**

13650 FIDDLESTICKS BLVD.  
SUITE 202 #114  
FORT MYERS, FL 33912

**New Mailing Address:**

PO BOX 1148  
ESTERO, FL 33929

**FEI Number:** 01-0919629      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

JOHN E. KOJAK, LLC  
17565 ISLAND INLET CT.  
FORT MYERS, FL 33908      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: JOHN E. KOJAK

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** O'DONNELL, JAMES F  
**Address:** 12799 ASTON OAKS DR.  
**City-St-Zip:** FT. MYERS, FL 33912

**Title:** MGRM  
**Name:** O'DONNELL, STEPHANIE F  
**Address:** 12799 ASTON OAKS DR.  
**City-St-Zip:** FT. MYERS, FL 33912

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: JAMES F. O'DONNELL

MGRM

02/02/2010

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