

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000093218

1. Entity Name
2419 WALKER CIRCLE, LLC



Principal Place of Business
2419 WALKER CIRCLE
SARASOTA, FL 34234

Mailing Address
2419 WALKER CIRCLE
SARASOTA, FL 34234

2. Principal Place of Business - No P.O. Box #
52 Fairgreen Place

3. Mailing Address
52 Fairgreen Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Chestnut Hill, MA

City & State
Chestnut Hill, MA

08062008 REIN-LLC CR2E101 (1/07)

Zip
02467

Country

Zip
02467

Country

4. FEI Number
20-5590741

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DOERR, KENNETH D
240 SOUTH PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34234

7. Name and Address of New Registered Agent

Name
Hanan, Benjamin R.
Street Address (P.O. Box Number is Not Acceptable)
240 S. Pineapple Ave., 10th Floor
City
Sarasota FL Zip Code 34236

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8/22/08

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FREED, JUSTIN 2419 WALKER CIRCLE SARASOTA, FL 34234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	52 Fairgreen Place Chestnut Hill, MA 02467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400134953184 08/26/08--01003--002 **755.00	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 07-08	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Justin M. Freed Justin Freed, Manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/16/08 517-939-3921

FILED

2008 AUG 25 A 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

