

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000106383

1. Entity Name
201 TERRA LAGO STREET, LLC



FILED
08 NOV 26 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
201 TERRA LAGO STREET
DAVENPORT, FL 33897

Mailing Address
9011 SPYGLASS HILL DRIVE
O'FALLON, MO 63368



11122008 REIN-LLC CR2E101 (1/07)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUPERIOR PROPERTY MANAGEMENT, LLC
9230 W. US HWY 192
CLERMONT, FL 34714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Scott Cousins Weaver
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/21/08

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME SCOT A. WEAVER LIVING TRUST DTD 08/26/05
STREET ADDRESS 9011 SPYGLASS HILL DRIVE
CITY-ST-ZIP O'FALLON, MO 63368

TITLE ☐ Change ☐ Addition
NAME 900138235069
STREET ADDRESS 11/24/08--01051--024 **238.75
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME CHRISTINE A. WEAVER LIVING TRUST 08/26/05
STREET ADDRESS 9011 SPYGLASS HILL DRIVE
CITY-ST-ZIP O'FALLON, MO 63368

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Scott Christind Weaver

11/21/08

636 578 2220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

L05000106383 R
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