

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 MAR 10 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000006657

1. Limited Liability Company's Name

WINNER LLC

600197388836  
03/10/11--01025--025 \*\*992.50  
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

2200 ESTEY AVE

Suite, Apt #, etc

3. Mailing Office Address

2200 ESTEY AVE

Suite, Apt #, etc

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34104

Country

USA

Zip

34104

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified  
To Do Business in Florida

01/21/2005

6. FEI Number

06-1739139

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name SUSAN ANNE WINNER

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

2200 ESTEY AVE

Suite, Apt #, Etc.

City

NAPLES

State

FL

Zip Code

34104

E-mail Address:

suzanne2@yahoo.co.uk

(To be used for future annual report notices)

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 x S Winner

x Date 03/09/2011

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SUSAN ANNE WINNER	2200 ESTEY AVE	NAPLES, FL, 34104
MGRM	ROBERT JAMES HILL	68 RIGBOURNE HILL	BECCLES, OC, 00000
			UNITED KINGDOM
			NR34 9JQ.

11. I certify that I am managing member/manager or 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 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager x

Sue Winner

Date 03/09/2011

Daytime Phone # 239 248 5813

Typed or printed name of signing Managing Member/Manager

SUSAN ANNE WINNER.