

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L15000026850

Entity Name: LEE COUNTY BLACK SMOKE LLC

Current Principal Place of Business:

603 E 10TH ST
LEHIGH ACRES, FL 33972

Current Mailing Address:

603 E 10TH ST
LEHIGH ACRES, FL 33972 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEE COUNTY BLACK SMOKE LLC
603 E 10TH ST
LEHIGH ACRES, FL 33972 US

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: TARA LIBERTY

10/19/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name LIBERTY, TARA A
Address 603 E 10TH ST
City-State-Zip: LEHIGH ACRES FL 33972

Title AUTHORIZED MEMBER
Name LIBERTY JR, TODD M
Address 603 E 10TH ST
City-State-Zip: LEHIGH ACRES FL 33972

Title AUTHORIZED MEMBER
Name HALING, DANTE
Address 10880 HIGHLAND AVE
City-State-Zip: FORT MYERS FL 33966

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TARA LIBERTY

AMBR

10/19/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date