

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**LIMITED LIABILITY
COMPANY**

2002 UBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000006975

1. Limited Liability Company's Name

EAGLE Investments, L.C.
PO Box 501
6933 Havana Highway
Havana, FL 32333

2. Principal Office Address

6933 Havana Highway

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 501

Suite, Apt. #, etc.

City & State

Havana, Florida

Zip

32333

Country

Cookson

City & State

Havana, Florida

Zip

32333

Country

Cookson

4. State/Country of Formation

Florida / Cookson

**5. Date Organized or Qualified
To Do Business in Florida**

6/15/2000

6. FEI Number

59 3652 095

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Jerome Showers

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

6933 Havana Highway

Suite, Apt. #, Etc.

City

Havana

State

FL

Zip Code

32333

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/1/02

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
MEM	Jerome Showers, Sr.	6933 Havana Highway	Havana, Florida 32333
2002			
UBR			
100008765721			
11/01/02--01030--007 **50.00			

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.

Signature of
Managing Member/Manager

[Signature]

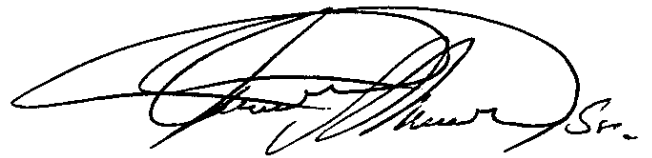
Date 11/1/02

Daytime Phone # 950-539-3740

Typed or printed name of signing Managing Member/Manager

11/1/02 206

I Jerome Showers, Sr, of Eagle Investments, LLC
did not receive the 2002 Annual filing report
request.

A handwritten signature in black ink, appearing to read "Jerome Showers, Sr.", with a large, stylized loop at the beginning.