

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000002395

1. Entity Name
2210 ARIELLE DR., LLC



FILED

07 OCT 25 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5780 TAYLOR RD
SUITE 1
NAPLES, FL 34109

Mailing Address
5780 TAYLOR RD
SUITE 1
NAPLES, FL 34109

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

10232007 REIN-LLC CR2E101 (1/07)

City & State Zip Country City & State Zip Country

4. FEI Number
65-1075611

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

WOOD, DOUGLAS A ESQ.
1000 TAMiami TRAIL NORTH, SUITE 201
NAPLES, FL 34102

7. Name and Address of New Registered Agent

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  DATE 10/23/07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MINKER, CLARK 5780 TAYLOR RD, SUITE 1 NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500111361525 10/25/07--01048--008 **150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:  Douglas A. Wood, Esq DATE 10/23/07 239-263-8282

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