

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000003792

1. Entity Name
MAIN STREET COMMUNITY PLAZA, L.L.C.



FILED

04 OCT 22 PM 4:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



10172004 REIN-LLC

CR2E101 (6/04)

10/22

Principal Place of Business
2109 MAIN ST
DUNEDIN, FL 34698

Mailing Address
628 PINELAND AVE
BELLEAIR, FL 33756

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number
59-3709060

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

7. Name and Address of New Registered Agent

RAFFERTY, CURT
11455 HARBOR WAY
#1615
LARGO, FL 33774

Name
Rafferty, CURT
Street Address (P.O. Box Number is Not Acceptable)
14880 Shipwatch Trac
#1917
City
Largo FL Zip Code
33774

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 10-18-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RAFFERTY, CURT			NAME			
STREET ADDRESS	628 PINELAND AVE.			STREET ADDRESS	14880 Shipwatch Trac		#1917
CITY-ST-ZIP	BELLEAIR, FL 33756			CITY-ST-ZIP	Largo, FL 33774		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: MGRM Curtis S Rafferty 10-18-04 2703207722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

REINSTATEMENT
W/O Penalty fees
2004