

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT -3 AM 10:42

DOCUMENT # L01000007036

1. Entity Name
C.S.E. PROPERTIES, L.L.C.



Principal Place of Business
P.O. BOX 1341
NAPLES, FL 34106

Mailing Address
P.O. BOX 1341
NAPLES, FL 34106

2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State
Zip Country

City & State
Zip Country

09252006 REIN-LLC CR2E101 (11/05)

4. FEI Number
01-0633774

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PAMELA STEWART, P.A.
5051 CASTELLO DRIVE, SUITE 200
NAPLES, FL 34110

7. Name and Address of New Registered Agent

Name Christopher S. Esenberg

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

388 Pindo Palm Drive

City Naples FL Zip Code 34104

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, 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

TITLE MGRM ☐ Delete
NAME ESENBERG, CHRISTOPHER S
STREET ADDRESS 388 PINDO PALM DR
CITY-ST-ZIP NAPLES, FL 34104

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
400080385034
10/03/06--01016--014 **50.00

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9-27-06

Date Daytime Phone #