

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000007451

1. Entity Name  
LAKE FOREST, L.C.



FILED

04 NOV 02 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2901 RIGSBY LANE  
SAFETY HARBOR, FL 34695

Mailing Address  
2901 RIGSBY LANE  
SAFETY HARBOR, FL 34695

2. Principal Place of Business  
4811 S. 76th Street  
Suite, Apt. #, etc.  
Suite 211

3. Mailing Address  
P. O. Box 137  
Suite, Apt. #, etc.

City & State  
Greenfield, WI

City & State  
Greendale, WI

10222004 REIN-LLC CR2E101 (6/04)

4. FEI Number  
58-2569064

Applied For  
Not Applicable

Zip  
53221

Country  
Milwaukee

Zip  
53129

Country  
Milwaukee

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

6. Name and Address of Current Registered Agent

FORLIZZO, ROBERT A  
2903 RIGSBY LANE  
SAFETY HARBOR, FL 34695

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SCHLYTTER, ROBERT O  
2901 RIGSBY LANE  
SAFETY HARBOR, FL 34695 ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
4811 S. 76th Street Suite 211  
Greenfield, WI 53221 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000042398510  
11/02/04--01047--006 \*\*\$5.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
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☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

10/27/2004

Date

414/281-6000 #3

Daytime Phone #

REINSTATEMENT