Secretary of State DIVISION OF CORFORATIONS

1. DOCUMENT # L01000010584

Name and Mailing Address

Managing Member/Manager

Typed or printed name of signing Managing Member/Manager

0010306 01 FP 0.352 **PRSRT H7 0 0615 33914-658017 lalleribiderribiabilinidabilini dilabilik 🗝 THALASSIC ENTERPRISES, LLC 717 S.W. 49TH LANE CAPE CORAL FL 33914-6580

Date 4 - 7 - 03 Daytime Phone # 399-540-49-46

03 MAY - 1 AM 10: 03

F4	· 					
350	ailing Address	LD. Ste #3	306	e/Country of Formation	06/28/2001	
City, State;	e CORAL, FI.	33904	5. Date To D	Organized or Qualified——— o Business in Florida	06/28/2001	
and come the first the second of the second		3. New Principal Place of Busin]	1116397	Applied For Not Applicable	
ABANTA CEC TO 1	and the second s	<u></u>		FICATE OF STATUS DESIRED	for a Certificate of Status	
126	8. Name and Address of Current LER, NATHAN J P.A. 661 NEW BRITTANY BLVD. MYERS FL 33907	Registered Agent	Name JOE HAR Street Address (P.O. Box N	e and Address of New Register TNER umber is Not Acceptable) RACO DVLD.	Ste 306	
Bignature o Registered	Agent RE	GISTERED AGENT MUST SIGN	, am familiar with and accept th		03	
Title(s)			reet Address of Each aging Member/Manager	City /	City / State / Zip	
AGEN	1 - 1 - 1 - 1 - 1 - 1		AIRIE RD.	AURORAIL 8050	AURORA1L 80508	
AGRI	ELLICH LERY	WGR/ 39 W G	OFG PRARIE Pd	Aurora, I	1 60506	
3		35-1-1-			Con Francisco	
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			u e e e e e e e e e e e e e e e e e e e	SEFTARFIAN T	02-03	
filing th all fees	y that I am managing member/manager on his reinstatement application the reason for so owed by the limited liability company have hade under oath.	dissolution has been eliminated, the	limited liability company name	satisfies the requirements of sect	ion 608.406, F.S., and that	