

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000016997

1. Entity Name
LULA INVESTMENTS, L.L.C.



2004 OCT 26 PM 2:09

REINSTATEMENT

Principal Place of Business
C/O BRUCE P. CHAPNICK, ESQ.
2033 MAIN ST., STE. 600
SARASOTA, FL 34237

Mailing Address
C/O BRUCE P. CHAPNICK, ESQ.
2033 MAIN ST., STE. 600
SARASOTA, FL 34237

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17/10/04

2. Principal Place of Business

1615 S. Lakewood Dr.
Suite, Apt. #, etc.
N/A

3. Mailing Address

1615 S. Lakewood Dr.
Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Sarasota FL

Zip
34231

Country
USA

Zip
34231

Country
USA

10212004 REIN-LLC

CR2E101 (6/04)

4. FEI Number
60-0001210

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHAPNICK, BRUCE P ESQ.
2033 MAIN ST., STE. 600
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name
Arthur D. Ginsburg
Street Address (P.O. Box Number is Not Acceptable)
1615 S. Lakewood Dr.

City
Sarasota FL Zip Code
34231

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 Arthur D. Ginsburg DATE 10/21/04
Signature, typed or printed name of registered agent and not if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GINSBURG, ARTHUR D
2033 MAIN STREET SUITE 600
SARASOTA, FL 34237 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ARTHUR D. GINSBURG
1615 S. Lakewood Dr. Sarasota FL
34231 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600042184046
10/26/04--01032--003 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ 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: Arthur D. Ginsburg DATE 10/21/04 941-953-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE