

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 26 AM 9:49

REINSTATEMENT 04-05



01252005 REIN-LLC CR2E101 (6/04)

DOCUMENT # L01000017518

1. Entity Name
MARKISE BEACH HOUSE, LLC



Principal Place of Business
10903 KEWANEE DRIVE
TAMPA, FL 33617

Mailing Address
105 7TH ST. S.
APT. B
BRADENTON BEACH, FL 34217

2. Principal Place of Business

105 7TH ST S.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT B

City & State

BRADENTON BEACH, FL

City & State

4. FEI Number

56-2409078

Applied For

Not Applicable

Zip

34217

Country

USA

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, G. JOSEPH
1206 MANATEE AVE. WEST
BRADENTON, FL 34205

7. Name and Address of New Registered Agent

Name
MICHAEL J. SHAUGHNESSY

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

105 7TH ST S

City
BRADENTON BEACH

FL

Zip Code
34217

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-05

FILE NOW!!! FEE IS \$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
MGRM
SHAUGHNESSY, JOSEPH P
10903 KEWANEE DRIVE
TAMPA, FL 33617 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SHAUGHNESSY, BRIANA B
10903 KEWANEE DRIVE
TAMPA, FL 33617 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SHAUGHNESSY, WILLIAM W
10903 KEWANEE DRIVE
TAMPA, FL 33617 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SHAUGHNESSY, TIMOTHY J
10903 KEWANEE DRIVE
TAMPA, FL 33617 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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

1-25-05

Date

813-299-9959

Daytime Phone #