

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000020292

1. Entity Name
D & S PROPERTIES GROUP, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 9:40

Principal Place of Business
305 SOUTH ALBANY AVE.
TAMPA, FL 33606

Mailing Address
305 SOUTH ALBANY AVE.
TAMPA, FL 33606

2. Principal Place of Business

3. Mailing Address

217 N. 12th St, #101

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#101

City & State

City & State

Tampa FL

Zip

Country

Zip

33602

Country

USA

04072006 REIN-LLC CR2E101 (11/05)

4. FEI Number

02-0567025

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DENNY, STEWART
305 SOUTH ALBANY AVE.
TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name

Same

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

217 N. 12th St.

#101

City

Tampa

FL

Zip Code

33602

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

Stewart K Denny

4-7-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME DENNY, STEWART
STREET ADDRESS 305 S ALBANY AVE
CITY-ST-ZIP TAMPA, FL 33606

TITLE MGRM ☐ Delete
NAME SCHEIMAN, JOHN
STREET ADDRESS 309 S ALBANY AVE
CITY-ST-ZIP TAMPA, FL 33606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500074664235
CITY-ST-ZIP 05/16/06--01029--013 **200.00

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Stewart K Denny

Stewart K Denny

4/7/06

013506-1902

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

Date

Daytime Phone #

REINSTATEMENT

05-06