

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT  
UBR



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 NOV -7 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000021444

1. Limited Liability Company's Name

UNITED PARTNERS LLC

100008872721  
11/07/02--01074--001 \*\*50.00

2. Principal Office Address

5786 Enterprise Parkway

Suite, Apt. #, etc.

3. Mailing Office Address

5007 SW 13th Avenue

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Cape Coral, FL 33914

Zip

33905

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12/11/01

6. FEI Number

65-1143347

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Brock Boyd

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

5786 Enterprise Parkway

Suite, Apt. #, Etc.

City

Fort Myers,

State  
FL

Zip Code  
33905

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Brock Boyd

REGISTERED AGENT MUST SIGN

Date

10-31-02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Barry Boyd	5007 SW 13th Avenue	Cape Coral, FL 33914

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

Date

10-31-02

Daytime Phone #

941-872-3833

Typed or printed name of signing Managing Member/Manager

BARRY BOYD

CR2E041 (9/01)

L010000021444

202

Knott, Consoer, Ebelini  
**Hart & Swett, P.A.**  
ATTORNEYS - AT - LAW

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Director of  
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Michael E. Roeder, AICP

November 5, 2002

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
02 NOV - 7 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: UNITED PARTNERS LLC

Dear Sir or Madam:

We are enclosing herein a Reinstatement Application for the above-named LLC along with a check in the amount of \$50.00. We request that the reinstatement fee be waived for this LLC because the UBR materials were not received by the entity which resulted in administrative dissolution of the LLC.

Cordially yours,

KNOTT, CONSOER, EBELINI  
HART & SWETT, P.A.



Aaron A. Haak

AAH/sy  
Enclosure

