

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 JUL 15 PM 5:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03102009 REIN-LLC CR2E101 (1/07)

4. FEI Number  
59-3381819

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

ROECKER, R PAUL  
1275 LAKE HEATHROW LANE  
LAKE MARY, FL 32746

Name APOSTOLICAS, GEORGE P  
Street Address (P.O. Box Number is Not Acceptable)  
1275 Lake Heathrow Lane  
City Heathrow FL 32746

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

05/01/09  
DATE

**FILE NOW!!! FEE IS \$277.50**

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

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HEATHROW LAND COMPANY LIMITED PARTNERSHIP  
1275 LAKE HEATHROW LANE  
HEATHROW, FL 32746

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRS  
MILLSAP, JOSEPH B  
1275 LAKE HEATHROW LANE  
HEATHROW, FL 32746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200155461852  
05/05/09--01039--007 \*\*138.75  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
05/01/08-90037-016-#138.75  
☐ Change ☐ Addition

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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:

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

05/01/09

Date

407-333-1400

Daytime Phone