

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000008979

1. Entity Name
ECAC, LTD. CO.



FILED

07 OCT 22 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
931 N. STATE ROAD 434, SUITE 1201-59
ALTAMONTE SPRINGS, FL 32714

Mailing Address
931 N. STATE ROAD 434, SUITE 1201-59
ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09242007 REIN-LLC CR2E101 (1/07)

4. FEI Number
02-0580313

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOONS, TERRENCE J
931 N. STATE ROAD 434, SUITE 1201-59
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

09/15/2007

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CEO
MOONS, TERRENCE J
931 N STATE ROAD 434, SUITE 1201-59
ALTAMONTE SPRINGS, FL 32714

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CFO
MOONS, MIRIAM E
931 N STATE ROAD 434, SUITE 1201-59
ALTAMONTE SPRINGS, FL 32714

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

900111083488
10/22/07-01012-001 **150.00

TITLE
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REINSTATEMENT

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

907
Sep 24/07 574-4679

Date

Daytime Phone #