

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000014961

1. Entity Name
DOT CLAY LIMITED LIABILITY COMPANY



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 24 AM 9:52

Principal Place of Business
12515 LAKE BUYNAC CT.
WINDERMERE, FL 34786

Mailing Address
12515 LAKE BUYNAC CT.
WINDERMERE, FL 34786

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10202005 REIN-LLC CR2E101 (6/04)

4. FEI Number

41-2047518

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

LYONS, DOUGLAS SCOTT
325 NORTH CALHOUN ST.
TALLAHASSEE, FL 32301

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
HAWTHORNE, CHARLES JR.
12515 LAKE BUYNAC CT.
WINDERMERE, FL 34786

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
300060899963
10/24/05--01066--013 **150.00

TITLE
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REINSTATEMENT

☐ Change ☐ Addition

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☐ 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

10/19/05 (321) 948-0808

Date

Daytime Phone #