

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000016978

1. Entity Name
MONTELEON DEVELOPMENT COMPANY, L.L.C.



FILED

2004 OCT 15 P 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10122004 REIN-LLC CR2E101 (6/04)

Principal Place of Business
284 WINNERS CIRCLE, #3
NAPLES, FL 34112

Mailing Address
284 WINNERS CIRCLE, #3
NAPLES, FL 34112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
54-2063690

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

SEPULVEDA, GONZALO JR
284 WINNERS CIRCLE, #3
NAPLES, FL 34112

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

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$100.00

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 MGRM ☐ Delete
NAME SEPULVEDA, GONZALO JR
STREET ADDRESS 284 WINNERS CIRCLE, #3
CITY-ST-ZIP NAPLES, FL 34112

☐ Change ☐ Addition
200041901772
10/15/04--01047--003 **50.00

TITLE MGRM ☐ Delete
NAME SEPULVEDA, GONZALO
STREET ADDRESS 284 WINNERS CIRCLE, #3
CITY-ST-ZIP NAPLES, FL 34112

☐ Change ☐ Addition

TITLE MGRM ☐ Delete
NAME MASSEO, RONALD A
STREET ADDRESS 11140 HYACINTH PLACE
CITY-ST-ZIP BRADENTON, FL 34202

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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

Date

Daytime Phone #

10-12-04 239-4178472