

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV 14 PM 2:13

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LD2000020589

1. Limited Liability Company's Name

Ogden Groves, L.L.C.
Limited Liability Company

600112174236
11/09/07--01039--003 **200.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

3204 Whippoorwill Lane

Suite, Apt. #, etc.

3. Mailing Office Address

3204 Whippoorwill Lane

Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8-13-2002

6. FEI Number

55-0790246

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Wauchula, FL

Zip

33873

Country

US

City & State

Wauchula, FL

Zip

33873

Country

US

8. Name and Address of Current Registered Agent

Name

Benjamin K. Norris

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

3204 Whippoorwill Lane

Suite, Apt. #, Etc.

City

Wauchula

State

FL

Zip Code

33873

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Benjamin K. Norris

REGISTERED AGENT MUST SIGN

Date 11/7/07

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	Benjamin K. Norris	3204 Whippoorwill Lane	Wauchula, FL 33873

REINSTATEMENT 2006;2007

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

Benjamin K. Norris

Date 11/7/07

Daytime Phone 863-735-0418

Typed or printed name of signing Managing Member/Manager

Benjamin K. Norris