

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000022966

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

22966

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **L02000022966**

1. Limited Liability Company's Name

449, LLC
REINSTATEMENT 2003

03 OCT -9 AM 10:56

10/23

2. Principal Office Address

13935 U.S. Hwy ONE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

JUNO BEACH, FL

City & State

T

Zip

33408

County

Palm Beach

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

9/4/2002

6. FEI Number

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Thomas J. Benz

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

13935 U.S. Hwy ONE

Suite, Apt. #, Etc.

J

City

JUNO BEACH

State
FL

Zip Code

33408

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

THOMAS J. BENZ

Date **10/06/03**

REGISTERED AGENT MUST SIGN

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	Thomas J. Benz	13935 U.S. Hwy ONE	JUNO BEACH, FL 33408

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

THOMAS J. BENZ

Date **10/06/03**

Daytime Phone # **904-821-5456**

Typed or printed name of signing Managing Member/Manager

THOMAS J. BENZ

\$150.00