# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
05 JUN 22 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000028498

1. Entity Name
4 ALBANOS, L.L.C.

04

| Principal Place of Business | Mailing Address |
|---|---|
| 7506 TILLINGHAST DRIVE<br>SARASOTA, FL | 7506 TILLINGHAST DRIVE<br>SARASOTA, FL |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 7315 Desert Ridge Glen | 7315 Desert Ridge Glen |
| Suite. Apt #. etc | Suite. Apt #. etc |
| City & State: Bradenton, FL | City & State: Bradenton, FL |
| Zip: 34202 Country: | Zip: 34202 Country: |

05112005 REIN-LLC CR2E101 (6/04)

4. FEI Number: 54-2080824 ☐ 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 |
|---|---|
| SAVARY, JOHNSON S JR<br>C/O DUNLAP & MORAN, P.A.<br>22 SOUTH LINKS AVENUE, SUITE 300<br>SARASOTA, FL 34236 | Name: Savary, Johnson S Jr.<br>Street Address (P.O. Box Number is Not Acceptable): 1990 Main Street<br>Suite 700<br>City: Sarasota, FL **FL** Zip Code: 34236 |

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: Johnson S. Savary, Jr. DATE: 6/22/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $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 / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>ALBANO, PEGGY A<br>7506 ALBERT TILLINGHAST DRIVE<br>SARASOTA, FL 34240 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>Albano, Michael J.<br>7315 Desert Ridge Glen<br>Bradenton, FL 34202 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 900056632939<br>06/29/05--01003--001 **100.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | REINSTATEMENT 2004-2005 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / 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:** 6-17-05 941-913-1324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

MICHAEL J. ALBANO, MANAGER