

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

04 OCT 29 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000030375

1. Entity Name  
REPETTI INVESTMENTS, LLC



Principal Place of Business  
14829 MAHOE CT  
FT MYERS, FL 33908

Mailing Address  
14829 MAHOE CT  
FT MYERS, FL 33908

2. Principal Place of Business  
2050 Aruba Ave  
Suite, Apt. #, etc.

3. Mailing Address  
2050 Aruba Ave  
Suite, Apt. #, etc.



10272004 REIN-LLC CR2E101 (6/04)

City & State

City & State

4. FEI Number  
13-4233986

Applied For  
Not Applicable

Zip  
33905

Country

Zip  
33905

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STRONG, KENNETH T  
6326 WHISKEY CREEK DR  
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent

Name

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

1716 BOLADO PKY

City

Cape Coral

FL

Zip Code

33990

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 Kenneth T Strong

*Kenneth T Strong*

10/27/04

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

TITLE MGR  
NAME REPETTI, MARIA G  
STREET ADDRESS P.O. BOX 61033  
CITY-ST-ZIP FORT MYERS, FL 33905 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS 2050 Aruba Ave ☐ Change ☐ Addition  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS 400042320434 ☐ Change ☐ Addition  
CITY-ST-ZIP 10/29/04--01073--012 \*\*\$50.00

TITLE  
NAME  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP

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: *M. Repetti*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/27/04 239-645-2563  
Date Daytime Phone #

MARIA G Repetti

REINSTATEMENT

*[Signature]*