

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 13 AM 10:17

DOCUMENT # L02000033358

1. Limited Liability Company's Name

CHEYENNE, LLC

2. Principal Office Address

125 Beach Road

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34242

Country

USA

3. Mailing Office Address

7711 Holiday Drive

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34231

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

12/12/2002

6. FEI Number

20-1848128

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

Kimberly A. Colgate, P.A.

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

7711 Holiday Drive

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34231

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

*[Signature]*

Date 11-09-04

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	Michael J. Foran	125 Beach Road	Sarasota, FL 34242

000043729670  
12/30/04--01018--007 \*\*155.00

000043729670  
01/24/05--01012--013 \*\*95.00

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

*[Signature]*

Date

11-9-04

Daytime Phone #

(941) 927-2996

Typed or printed name of signing Managing Member/Manager

Michael J. Foran, Mgr.

CR2E041 (10/02)