# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 18 AM 10:15

**DOCUMENT # L03000005903**

1. Entity Name
N.E.W., L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~985 N.~~ COLLIER BLVD<br>MARCO ISLAND, FL 34145 | ~~985 N.~~ COLLIER BLVD<br>MARCO ISLAND, FL 34145 |

06272005 REIN-LLC CR2E101 (6/04)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 979 N. Collier Blvd.<br>Suite, Apt. #, etc. | 979 N. Collier Blvd.<br>Suite, Apt. #, etc. |
| City & State: Marco Island FL | City & State: Marco Island FL |
| Zip: 34145 Country: | Zip: 34145 Country: |

4. FEI Number ☐ 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 |
|---|---|
| WEBSTER, RONALD S<br>985 NORTH COLLIER BOULEVARD<br>MARCO ISLAND, FL 34145 | Name: WEBSTER, Ronald S.<br>Street Address (P.O. Box Number is Not Acceptable): 979 N. Collier Blvd.<br>City: MARCO Island FL Zip Code: 34145 |

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: X
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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.

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>AHRENS, NANCY C<br>724 ASHBURTON DRIVE<br>NAPLES, FL 34110 | ☐ Delete | Ahrens Nancy E<br>10200 Orchid Ridge<br>Bonita Springs FL, 34135 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>AHRENS, WILLIAM F<br>724 ASHBURTON DRIVE<br>NAPLES, FL 34110 | ☐ Delete | Ahrens William F<br>10200 Orchid Ridge<br>Bonita Springs FL, 34135 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>AHRENS, EDWARD W<br>305 CROSS TRIAL<br>MCHENTY, IL 60050 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | 500057615775<br>07/18/05--01071--010 **100.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | REINSTATEMENT | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ 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: X William F. Ahrens Member Mgr. 6/28/05 941-992-3580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Jun 28 2005 15:27 P.03