

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000009652

1. Entity Name
QUALMAY DEVELOPMENT, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 10 AM 8:30

Principal Place of Business
12820 TAMiami TRAIL
SUITE #2
NAPLES, FL 34110

Mailing Address
12820 TAMiami TRAIL
SUITE #2
NAPLES, FL 34110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12032004 REIN-LLC CR2E101 (6/04)

4. FEI Number

27-0050302

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

Name

Allen Childs

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

12820 Tamiami Trail

Suite #2

City

Naples

FL

34110

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/3/04

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
mgrm
Allen Childs

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
12820 Tamiami Trail
Suite #2
Naples FL 34110

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000043332740
12/10/04--01045--001 **150.00

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
Called 12/30/04 Allen Childs
OK to make
corrections up

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/3/04

Date

Daytime Phone #

425-687-5310