2005 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT				or or	FIL	ŁU		
DOCUMENT # L03000016427				SEU) DIVISIO	KETARY NOFC	OF STATE ORPORATION	S	
1. Entity Name F.L. HEFF, L.L.C.							•	
				IA CU	7K -4	AM 9: 47		
Principal Place of Business	Mailing Address		-					
985 N. COLLIER BLVD: MARCO ISLAND; FL 34145	985 N; COLLIER BLVD. MARCO ISLAND, FL 3414	5						
William School Strate	mando lobind, le 3417		á	LATEREN DI DURA INII DANI	CORT CONTRA	EL STREE EITH BABIE TABII INN		
2. Principal Place of Business 1021 SWALLOW AVE.	3. Mailing Address 1021 SWALL	OW AVE	- (P					
Suite, Apt. #, etc. UN/T 102	Suite, Apt. #, etc. UNIT 10 Z		1	2242005 REIN-LL	С	CR2E101 (6/04)		
MARCO Island FL	City & State MANCO Islan	nd Fl	/ 4.	FEI Number			plied For Applicable	
Zip 21111/= Country		Country US/	<u>y</u> 5.	Certificate of Status De	sired	\$5.00 Add	itional	
6. Name and Address of Current	Registered Agent			Name and Address of	New Regis	Fee Required	1	
WEBSTER, RONALD S	لمراجبين	Name				10 AL	ソク	
WEBSTER, RONALD'S 979 N. Collier Blvd. MARCO ISLAND, FL 34145			Street Address (P.O. Box Number is Not Acceptable)					
INFARCO TODANO, TE STATE			CENNS IN LEADING					
		City	المستحولا ال			FL Zip Code		
The above named entity submits this statement the obligations of registered agent.	the purpose of changing its rep	gistered office or	registered as	gent, or both, in the Sta	te of Florida	a. I am familiar with,	and accept	
SIGNATURE Bijnature, typed of Jijnedhijme of registering foot	and title if applicable. (NOTE: R	agistered Agent signat	tern enquiend who	en reinstellagt		DATE		
Splating typed the driver and additional	The man applicable.	-yestereo Agent Prysica	are required with				Neg Vis	
FILE NOW!!! FEE IS \$100.00	In accordance with s. 6 liability company did no	607.193(2)(b), F ot receive the p	F.S., the limition notice.	nited		heck payable to epartment of State		
9. MANAGING MEMBI	ERS/MANAGERS	10.		ADDI	TIONS/CH		* * * * * * * * * * * * * * * * * * *	
TITLE MGR NAME ACKERSON, SUSAN	Delete	TITLE NAME	MGK		er.	Change	Addition	
STREET ADDRESS 719 BALD EAGLE DRIVE		STREET ADDRESS	1021	SWAZZOW M	VE. T	211115		
CITY-ST-ZIP MARCO ISLAND, FL 34145	Delete	CITY-ST-ZIP	<u>MARC</u> MGR				☐ Addition	
NAME		NAME STREET ADDRESS	FRAN	K Hoeffne Swallow	AVP.	#102		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	MARC	o Island	FL	34145		
NAME	☐ Delete	TITLE NAME	-			☐ Change	Addition .	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	0	900050 4/13/05010)598 0500	3799 3 **100.00)	
TITLE NAME	☐ Delete	TITLE NAME				Change	Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY+ST-ZIP						
TITLE NAME	☐ Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP						
TITLE NAME	☐ Delete	TITLE NAME				Change	Addition	
STREET ADDRESS		STREET ADDRESS						
11. I hereby certify that the information supplied wi	h this filing does not qualify for th	CITY-ST-ZIP ne exemption stat	ed in Section	n 119.07(3)(i), Florida S	tatutes. I fu	rther certify that the in	nformation	
indicated on this report is true and accurate an limited liability company or the receiver or trust	d that my signature shall have the	e same tenal effer	ct as if made	under oath: that I am i	a managing	member or manage	er of the	
	W L			3-31-	05	302-4	1912	
SIGNATURE: A \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	OF SIGNING MANAGING MEMBER, MANA	GER, OR AUTHORIZED	REPRESENTAT		<u>~</u>	Daytime Phone #	1118	