

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000018947

1. Entity Name
GULF COAST PROPERTY HOLDINGS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -4 AM 9:45

Principal Place of Business
**19163 NEW HAVEN CT.
PORT CHARLOTTE, FL 33948**

Mailing Address
**19163 NEW HAVEN CT.
PORT CHARLOTTE, FL 33948**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312005 REIN-LLC CR2E101 (6/04)

4. FEI Number

52-2417076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLEMING, MARGARET
19163 NEW HAVEN CT.
PORT CHARLOTTE, FL 33948**

7. Name and Address of New Registered Agent

Name

Les Gardi, CPA

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

7061 S. Tamiami Tr.

City

Sarasota

FL

Zip Code

34231

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)

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.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
FLEMING, MARGARET
19163 NEW HAVEN CT.
PORT CHARLOTTE, FL 33948**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
FLEMING, MAGARET
19163 NEW HAVEN CT.
PORT CHARLOTTE, FL 33948**

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

REINSTATEMENT ☐ Change ☒ Addition

04-05

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

300050598833
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TITLE
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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: *Margaret Fleming*

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

3/31/05

Date

Daytime Phone #