

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAR 19 AM 8:17

FILING CANCELLED  
RETURNED CHECK

800170573918  
02/25/10--01037--007 \*\*105.00  
CR2E041 (11/09)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000019446

1. Limited Liability Company's Name

ALCO PROPERTIES LLC

2. Principal Office Address - No P.O. Box #

7910 CANYON LAKE CIR

Suite, Apt. #, etc.

3. Mailing Office Address

7910 CANYON LAKE CIR

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

ORLANDO, FL.

Zip

32835

Country

U.S.A.

Zip

32835

Country

U.S.A.

4. State/Country of Formation

FLORIDA, U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

6/03

6. FEI Number

33-1060144

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

ALAN COHEN

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

7910 CANYON LAKE CIRCLE

Suite, Apt. #, Etc.

N/A.

City

ORLANDO

State

FL

Zip Code

32835

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]*

REGISTERED AGENT MUST SIGN

Date 2/22/10

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	ALAN COHEN MGR	7910 CANYON LAKE CIR	ORLANDO, FL 32835
MGR	LENORE COHEN HGR	7910 CANYON LAKE CIR	ORLANDO, FL 32835

800170573918  
03/22/10--01003--003 \*\*311.25

REINSTATEMENT 2008-2010

11. E-mail Address. AHC72010@AOL.COM

(To be used for future annual report notifications)

12. 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 02/22/10 Daytime Phone 407-299-2146

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 MAR 19 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 4, 2010

ALCO PROPERTIES LLC  
7910 CANYON LAKE CIR  
ORLANDO, FL 32835

SUBJECT: ALCO PROPERTIES LLC  
Ref. Number: L03000019446

We have received your document for ALCO PROPERTIES LLC and check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$311.25. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 410A00005335