

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000021548

1. Entity Name  
NORTHEAST FLORIDA INVESTMENT GROUP, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 OCT 21 AM 11:39

Principal Place of Business  
3401 SOUTHSIDE BLVD.  
JACKSONVILLE, FL 32246

Mailing Address  
PO BOX 17712  
JACKSONVILLE, FL 32245

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



10132008 REIN-LLC CR2E101 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
33-1067293

Applied For  
Not Applicable

Zip Country

Zip Country

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

PICKETT, DAVID  
3401 SOUTHSIDE BLVD.  
JACKSONVILLE, FL 32246

Name

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

City

FL

Zip Code

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 \$138.75**  
**After January 1, 2009, Fee will be \$277.50**

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
PICKETT, DAVID  
1442 RIVA DEL GARDA WAY  
SAINT AUGUSTINE, FL 32092 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
500136981265  
10/16/08--01037--010 \*\*138.75

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MORTIMER, PAUL  
601 GRAND PARKE DR.  
JACKSONVILLE, FL 32259 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MILLER, EDWIN  
12364 CLYDENE COURT  
JACKSONVILLE, FL 32225 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SNYDER, SCOTT  
6839 POTTSBERG DR.  
JACKSONVILLE, FL 32216 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SEDLAK, STEVE  
1333 MARCHECK ST.  
JACKSONVILLE, FL 32211 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

**REINSTATEMENT 2008**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

10-13-08 904-219-9701