

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000023924

1. Entity Name
CANUSEUR ASSOCIATES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 15 AM 8:15

Principal Place of Business
12860 S. CLEVELAND AVE., UNIT 233
FT. MYERS, FL 33907-3822

Mailing Address
117 HIGHLAND ROAD
SOUTHSEA PORTSMOUTH PO49DD
ENGLAND, XX

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11112005 REIN-LLC CR2E101 (6/04)

4. FEI Number
43-2029829

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

SPIEGEL & UTRERA; P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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 \$50.00
After January 1, 2006, Fee will be \$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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME RAY, NEIL F.I.
STREET ADDRESS 12860 S. CLEVELAND AVE., UNIT 233
CITY-ST-ZIP FT. MYERS, FL 339073822

TITLE ☐ Change ☐ Addition
NAME 000061440910
STREET ADDRESS 11/15/05--01052--012 **50.00
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME RAY, NEIL F.I.
STREET ADDRESS 12860 S. CLEVELAND AVE., UNIT 233
CITY-ST-ZIP FT. MYERS, FL 339073822

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME REINSTATEMENT 2005
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

239.292.8443.