

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000024175

Entity Name: 4109, LLC

**FILED**  
**Oct 20, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

400 5TH AVENUE SOUTH, SUITE 205  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

400 5TH AVENUE SOUTH, SUITE 205  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 56-2433766      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SOLIS, ANDREW I ESQ.  
1100 5TH AVENUE SOUTH, SUITE 301  
NAPLES, FL 34102      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: CLINTON, JD  
Address: 400 5TH AVE SOUTH SUITE 205  
City-St-Zip: NAPLES, FL 34102

Title: MGR ( ) Change (X) Addition  
Name: ARMANDO, PARRA JR.  
Address: 400 5TH AVE SOUTH SUITE 205  
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JD CLINTON

MGRM

10/20/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date