

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000026555

1. Entity Name  
F & S DEVELOPMENT, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB -2 PM 12: 09

Principal Place of Business  
2916 Avenue C  
Bradenton Beach, FL 34217

Mailing Address  
2916 Avenue C  
Bradenton Beach, FL 34217



01312005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business  
2916 Avenue C

3. Mailing Address  
2916 Avenue C

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Bradenton Beach, FL

City & State  
Bradenton Beach, FL

4. FEI Number  
20-0125441

Applied For  
Not Applicable

Zip  
34207

Country  
USA

Zip  
34207

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

WALKER, ADRON H  
3119 MANATEE AVENUE WEST  
BRADENTON, FL 34205

## 7. Name and Address of New Registered Agent

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

2/1/05

FILE NOW!!! FEE IS \$200.00

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FEHRS, JOHANNES P.O. BOX 2046 ANNA MARIA, FL 34216 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STALINSKI, ERNST OTTO 2916 AVENUE C HOLMES BEACH, FL 34217 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition 04-05
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1/3/05--01054--005--\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 12/13/04--01059--013--\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

01/31/04