

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000027464

1. Entity Name  
MHK DEVELOPMENT, LLC



2004 OCT 26 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W 11/10/04

Principal Place of Business  
1492 PULASKI STREET  
PORT CHARLOTTE, FL 33952

Mailing Address  
1492 PULASKI STREET  
PORT CHARLOTTE, FL 33952

**REINSTATEMENT 2004**



10082004 REIN-LLC CR2E101 (6/04)

4. FEI Number  
20-0139104  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

WOTITZKY, EDWARD L  
223 TAYLOR STREET  
PUNTA GORDA, FL 33950

## 7. Name and Address of New Registered Agent

Name  
KARLSTEDT, MAGNUS  
Street Address (P.O. Box Number is Not Acceptable)  
1492 PULASKI STREET  
City  
PORT CHARLOTTE FL Zip Code  
33952

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.

MAGNUS KARLSTEDT, MGR

(NOTE: Registered Agent signature required when reinstating)

DATE

Make check payable to  
Florida Department of State

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$200.00

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
MGRM  
KARLSTEDT, MAGNUS  
1492 PULASKI STREET  
PORT CHARLOTTE, FL 33952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
200042185312  
10/26/04--01043--006 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

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

MAGNUS KARLSTEDT, MGR.

Date

Daytime Phone #