

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 18 AM 10:53

DOCUMENT # L03000040330

1. Entity Name
WHITE CITY PROFESSIONAL PARK 3, LLC



Principal Place of Business
PO BOX 14980
ATTN:JOHN SCHWERER
FT. PIERCE, FL 34979

Mailing Address
PO BOX 14980
ATTN:JOHN SCHWERER
FT. PIERCE, FL 34979

2. Principal Place of Business
4634 S. 25th ST
Suite, Apt. #, etc.
FT PIERCE

3. Mailing Address
PO Box 14980
Suite, Apt. #, etc.
FT PIERCE FL

11042005 REIN-LLC CR2E101 (6/04)

City & State
FL.

City & State
FT PIERCE FL

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

Zip
34981

Country
US

Zip
34979

Country
US

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

6. Name and Address of Current Registered Agent

SCHWERER, ROBERT V ESQ.
515-519 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950

7. Name and Address of New Registered Agent

Name JOHN SCHWERER DMD
Street Address (P.O. Box Number is Not Acceptable)
4634 S. 25th ST
City FT PIERCE FL Zip Code 34981

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 John Schwerer DATE 11/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SCHWERER, JOHN A	
STREET ADDRESS	706 SOUTH 6TH STREET	
CITY-ST-ZIP	FT. PIERCE, FL 34950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700061554217
CITY-ST-ZIP	11/18/05--01059--004 **50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: John Schwerer DATE 11/11/05 772 461 7323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE