

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000049309

1. Entity Name
COMPLETE TITLE OF CAPE CORAL, LLC



2004 OCT 26 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2323 DEL PRADO BLVD, STE 8
CAPE CORAL, FL 33990

Mailing Address
2323 DEL PRADO BLVD, STE 8
CAPE CORAL, FL 33990

REINSTATEMENT 2004

2. Principal Place of Business
1617 SANTA BARBARA BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CAPE CORAL FL

City & State

Zip
33991

Country
USA

Zip

Country

10212004 REIN-LLC CR2E101 (6/04)

4. FEI Number
41-2123089

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

ROBBINS, MICHAEL H
SHUMAKER, LOOP & KENDRICK, LLP
101 E KENNEDY BLVD, STE 2800
TAMPA, FL 33602

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 *M. Robbins*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-21-04

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
MARDIS W. PARKER, SR.
2323 DEL PRADO BLVD.
CAPE CORAL, FL 33990

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400042184064
10/26/04--01032--004 **155.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2004

☐ Delete

TITLE
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☐ Change ☐ Addition

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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: *M. Robbins* MARDIS W PARKER SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10-21-04

Date 239-772-1115