

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000055178

1. Entity Name
GEOFFREY B. SCHNAKE, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -7 PM 4:40

Principal Place of Business
14229 W ST. MARTINS RD
CRYSTAL RIVER, FL 34429

Mailing Address
14229 W ST. MARTINS RD
CRYSTAL RIVER, FL 34429



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10102005 REIN-LLC CR2E101 (6/04)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

MILLS, GEORGE
4123 HENDERSON BLVD.
TAMPA, FL 33629

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

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME SCHNAKE, GEOFFREY B ☐ Delete
STREET ADDRESS 14229 W ST. MARTINS RD
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE MGR ☐ Change ☒ Addition
NAME Cheryl Schnake
STREET ADDRESS 14229 W ST MARTINS RD
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE MGR ☐ Delete
NAME KAMM, RICHARD
STREET ADDRESS 5816 WHIPPORWILL DR
CITY-ST-ZIP TAMPA, FL 33625

TITLE ☐ Change ☐ Addition
NAME 100081596091
STREET ADDRESS 11/07/06--01056--026 **200.00
CITY-ST-ZIP

TITLE MGR ☒ Delete
NAME KELLY, STEVE
STREET ADDRESS 5816 WHIPPORWILL DR
CITY-ST-ZIP TAMPA, FL 33625

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

GEOFFREY B SCHNAKE

[Signature]

11/2/06

352-697-5708

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

Date

Daytime Phone #

REINSTATEMENT

2005-06