

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000007206

1. Entity Name
SOUTHERN EXPOSURE MCIG, L.L.C.



SEC. OF STATE
DIVISION OF CORPORATIONS

06 FEB 20 AM 11:03

Principal Place of Business
720 EL DORADO PKWY WEST
CAPE CORAL, FL 33914

Mailing Address
720 EL DORADO PKWY WEST
CAPE CORAL, FL 33914

2. Principal Place of Business
2932 NW 18th Ter
Suite, Apt. #, etc.

3. Mailing Address
1318 Lafayette Street
Suite, Apt. #, etc.



02092006 REIN-LLC CR2E101 (11/05)

City & State
Cape Coral, Florida
Zip 33993 Country Lee

City & State
Cape Coral, Florida
Zip 33904 Country Lee

4. FEI Number
20-1571006
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHUTT, DARRIN R ESQ
STE C, 1105 CAPE CORAL PKWY EAST
CAPE CORAL, FL 33904

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, MICHAEL 720 EL DORADO PKWY WEST CAPE CORAL, FL 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, CHRISTINE 720 EL DORADO PKWY WEST CAPE CORAL, FL 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KUSZTRICH, EMMERICH HEIDELERCHENWEG 37A D-22399 HAMBURG, GERMANY.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KUSZTRICH, GERTRUD HEIDELERCHENWEG 37A D-22399 HAMBURG, GERMANY.	<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	2932 NW 18th Ter Cape Coral, FL 33993	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2932 NW 18th Ter Cape Coral, FL 33993	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500067313895 03/07/06--01029--010 ***100.00	<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	REINSTATEMENT 05-06	<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 exemptions contained in Chapter 119, 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 #