

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000007206

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR -8 PM 12:49

Principal Place of Business  
2932 NW 18TH TER  
CAPE CORAL, FL 33993

Mailing Address  
1318 LAFAYETTE STREET  
CAPE CORAL, FL 33904

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
1221 SW 10th Ter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092008 REIN-LLC CR2E101 (1/07)

City & State

City & State  
Cape Coral, FL

4. FEI Number  
20-1571006

Applied For  
Not Applicable

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

Zip

Country

Zip

Country  
U.S.A

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \$277.50**

In accordance with s. 807.193(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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MARTIN, MICHAEL  
2932 NW 18TH TER  
CAPE CORAL, FL 33993 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
200120296722  
04/10/08--01005--010 \*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MARTIN, CHRISTINE  
2932 NW 18TH TER  
CAPE CORAL, FL 33993 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
200120296722

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KUSZTRICH, EMMERICH  
HEIDELERCHENWEG 37A  
D-22399 HAMBURG, GERMANY, ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
03/13/08--01021--006 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KUSZTRICH, GERTRUD  
HEIDELERCHENWEG 37A  
D-22399 HAMBURG, GERMANY, ☐ 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  
REINSTATEMENT  
WOP 07-08

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 606, Florida Statutes.

SIGNATURE:

*E. A. Kuztrich*

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

Date

Daytime Phone #