

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000009680

1. Entity Name  
PROMISE LAND MANAGEMENT LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 11 AM 8:42

Principal Place of Business  
13750 W. COLONIAL DR.  
SUITE 350-401  
WINTER GARDEN, FL 34787

Mailing Address  
13750 W. COLONIAL DR.  
SUITE 350-401  
WINTER GARDEN, FL 34787

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09282005 REIN-LLC CR2E101 (6/04)

4. FEI Number

20-0703578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRAUNAGEL, CARL J JR  
13750 W. COLONIAL DR.  
SUITE 350-401  
WINTER GARDEN, FL 34787

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-4-05

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

TITLE MGRM ☐ Delete  
NAME BRAUNAGEL, CARL J JR.  
STREET ADDRESS 318 ENGLISH LAKE DRIVE  
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE MGRM ☐ Delete  
NAME BRAUNAGEL, THOMAS W  
STREET ADDRESS 7 BRITTANY AVE  
CITY-ST-ZIP TRUMBULL, CT 06611

TITLE MGRM ☐ Delete  
NAME WALDRON, MARIANNE  
STREET ADDRESS 112 FORREST AVE  
CITY-ST-ZIP MONROE, NY 10950

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600060497326  
CITY-ST-ZIP 10/11/05--01056--014 \*\*150.00

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

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

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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:

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

10-4-05

Date

Daytime Phone #