


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 21 AM 10:55

| | | | | | |
|---|---|--|--|--|--|
| DOCUMENT # L04000015692 1. Entity Name BREE DEVELOPMENT, LLC | | | |  | |
| Principal Place of Business 4287 ESCONDITO CIRCLE, PRESTANCIA SARASOTA, FL 34238 | | | Mailing Address 4287 ESCONDITO CIRCLE, PRESTANCIA SARASOTA, FL 34238 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 1700 DUNCAN AVE Suite, Apt. #, etc. | | | |
| City & State | | City & State ALLISON PARK, PA | | 4. FEI Number 90-0142628 | |
| Zip 15101 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DEJESUS, ALEXANDER 4287 ESCONDITO CIRCLE, PRESTANCIA SARASOTA, FL 34238 | | | 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: <i>Alexander DeJesus</i> DATE: 12/13/05 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$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 | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DEJESUS, ALEXANDER 4287 ESCONDITO CIRCLE, PRESTANCIA SARASOTA, FL 34238 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800062293578 12/20/05--01043--002 **\$50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DEJESUS, JANINE 4287 ESCONDITO CIRCLE, PRESTANCIA SARASOTA, FL 34238 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <i>Alexander DeJesus</i> | | | 12/13/05 941-926-1582 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |