

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP 9 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L04000021625

1. Limited Liability Company's Name

LIVERPOOL PARTNERS, LLC

9/16/05

2. Principal Office Address - No P.O. Box #

18401 MURDOCK CIRCLE

Suite, Apt. #, etc.

SUITE C.

City & State

PORT CHARLOTTE, FLORIDA

Zip

33948

Country

USA

3. Mailing Office Address

10540 SOUTH MASON AVENUE

Suite, Apt. #, etc.

City & State

CHICAGO RIDGE, ILLINOIS

Zip

60415

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

3/19/04

6. FEI Number

20-1544957

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JOHN L. WIDEIKIS, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

18401 MURDOCK CIRCLE

Suite, Apt. #, Etc.

SUITE C

City

PORT CHARLOTTE

State

FL

Zip Code

33948

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 8/22/08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Charlotte Harbor Landing Limited Liabi	10540 South Mason Avenue	Chicago Ridge, Illinois 60415
MGR	ROBERT TIFFANY	10540 South Mason Avenue	Chicago Ridge, Illinois 60415
MGR	BARBARA G. TIFFANY	10540 South Mason Avenue	Chicago Ridge, Illinois 60415
REINSTATEMENT 2005 -			
500135021955			
08/27/08--01039--005 **655.00			
2008 up 9/9/08			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date 8/22/08

Daytime Phone # 941.255.5480

Typed or printed name of signing Managing Member/Manager

JOHN L. WIDEIKIS, ESQ., as Attorney for Charlotte Harbor