## **2008 LIMITED LIABILITY COMPANY**

REINSTATEMENT

	KEINSTAL	EIVIEIV I		
DOCUMENT # L04000022488				SECRETARY OF STATE CIVISION OF CORPORATIONS
SENDERSEE ENTERPRISES, L.L.C.				08 OCT 28 AM II: 42
Principal Plac	ee of Business	Mailing Address		
708 96TH AVENUE NORTH		708 96TH AVENUE NORTH		
NAPLES FL		NAPLES FL 34108	,,	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2nd MOORE CR2E083 (4/08)
City & State		City & State		4. FEI Number 77-0627859 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Status Desired Fee Required
ļ <u>.</u>	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent
j† ~	JENDERSEE, KYLE			
708	96TH AVENUE NORTH PLES FL 34108		Street A	ddress (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
8. The above	named entity submits this statement f	or the purpose of changing it	s registered office or	registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligat	tions of registered agent.			
SIGNATURE	Signature, typed or primed name of registered ages	Long His Jamaianah	TC Construct to out on the	
	Signature, typed or prairies have be mystered agen-		4	DATE  S.607.193(2)(b), F.S., allows for the waiver of the \$400.00
		Make Check Payat	OW!!! FEE IS \$5 ble to Florida Dep By September 3, 2	partment of State late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to
9.	MANAGING MEMB		10.	
TITLE	MGRM	Delete	TITLE	ADDITIONS/CHANGES  Change Addition
NAME	JENDERSEE, KYLE	C Delete	NAME	<u> </u>
STREET AODRESS CITY-ST-ZIP	708 96TH AVENUE NORTH NAPLES FL 34108		STREET ADDRESS CITY-ST-ZIP	10013725444 <u>1</u> 10/24/0801031003 **538.75
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME Street Address			NAME CYBEET ADDRESS	
CITY-ST-ZIP	•		STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2008
11. Thereby 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 billity company or the receiver or trust	d that my signature shall have	e the same legal effe	ct as if made under oath; that I am a managing member or manager of the
	///	010	•	, ,
SIGNATURE: 10/20/08				
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylere Place				