

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000039634

1. Limited Liability Company's Name

CCW82, LLC

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

5470 Hidden Oaks Lane

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34119

Country

US

3. Mailing Office Address

5470 Hidden Oaks Lane

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34119

Country

US

8. Name and Address of Current Registered Agent

Name

Naples-Lawdock, Inc.

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

1395 Panther Lane

Suite, Apt. #, Etc.

Suite 300

City

Naples

State

FL

Zip Code

34109

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

05/25/2004

6. FEI Number

20-1163830

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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

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	Cullen Z. Walker	5470 Hidden Oaks Lane	Naples, FL 34119
Mgr	Constance Walker	5470 Hidden Oaks Lane	Naples, FL 34119
			200092639042 03/14/07--01041--019 **250.00
			REINSTATEMENT 05-07

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

04/19/07

Daytime Phone #

239-591-3853

Typed or printed name of signing Managing Member/Manager

Cullen Z. Walker, Managing Member

FILED

2007 MAR -9 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)