


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 29 AM 9:31

<b>DOCUMENT # L04000045561</b> 1. Entity Name <b>CBMF INVESTMENTS, LLC</b>					
Principal Place of Business <b>974 RAVINE ROAD NORTH JACKSONVILLE, FL 32259</b>			Mailing Address <b>974 RAVINE ROAD NORTH JACKSONVILLE, FL 32259</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	10162006 REIN-LLC CR2E101 (11/05)	
4. FEI Number <b>20-1363630</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FONDA, BLAIR 974 RAVINE ROAD NORTH JACKSONVILLE, FL 32259</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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>Blair M. Fonda</i> Signature, typed or printed name of registered agent and title if applicable.		12/29/06 DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$200.00</b>				<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FONDA, BLAIR		NAME		
STREET ADDRESS	974 RAVINE ROAD NORTH		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32259		CITY-ST-ZIP	700082905727 01/02/07--01037--024 **150.00	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FONDA, CHARLES M		NAME		
STREET ADDRESS	836 EAGLE POINT		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby 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 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>Blair M. Fonda</i> Signature and typed or printed name of signing managing member, manager, or authorized representative		12/29/06 904-465-2477 Date Daytime Phone #	



10162006 REIN-LLC CR2E101 (11/05)

4. FEI Number  
**20-1363630**

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**FONDA, BLAIR  
974 RAVINE ROAD NORTH  
JACKSONVILLE, FL 32259**

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 *Blair M. Fonda* 12/29/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$200.00**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	FONDA, BLAIR	
STREET ADDRESS	974 RAVINE ROAD NORTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	FONDA, CHARLES M	
STREET ADDRESS	836 EAGLE POINT	
CITY-ST-ZIP	ST AUGUSTINE, FL	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: *Blair M. Fonda* 12/29/06 904-465-2477  
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #