

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000054145

1. Limited Liability Company's Name

S & B PROPERTY DEVELOPMENT, LLC

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

6971 HUNTERS RD

Suite, Apt. #, etc

City & State

NAPLES, FL

Zip

34109

Country

USA

3. Mailing Office Address

6971 HUNTERS RD

Suite, Apt. #, etc

City & State

NAPLES, FL

Zip

34109

Country

USA

8. Name and Address of Current Registered Agent

Name

JEFFREY C. QUINN, ESQ

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

351 AIRPORT RD N.

Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34104

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9/19/16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	SCOTT W. BROCIUS	6971 HUNTERS RD	NAPLES, FL 34109
MGRM	MICHAEL TODD HARRELL	3613 42ND STREET SW	LEHIGH ACRES, FL 33917

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

Daytime Phone #

Typed or printed name of signing authorized representative/member

Scott Brocius

9/19/16

(239) 825-1293

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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