

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILLED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JAN 11 PM 2:31

DOCUMENT # L04000059205

1. Limited Liability Company's Name

F5 Capital Ventures, LLC

400165420664

01/08/10--01041--002 **277.50
CR2E041 (11/09)

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

6625 River Front Ct

Suite, Apt. #, etc.

City & State

Windermere FL

Zip

34786

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

same

Zip

same

Country

same

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8/10/04

6. FEI Number

20-1491964

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

Steven Weldon P.A.

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

5401 S. Kirkman Rd

Suite, Apt. #, Etc.

Ste 310

City

Orlando

State

FL

Zip Code

32819

☒ 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

[Signature]

Date

1/6/09

REGISTERED AGENT MUST SIGN

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
Manager/Member	Steven Weldon	6625 River Front Ct	Windermere, FL 34786
Manager/Member	Darren Cassels	1437 Fox Chapel Dr.	Lutz, FL 33549
REINSTATEMENT <u>2008, 2009</u>			

11. E-mail Address:

Steven.Weldon@earthlink.net
(To be used for future annual report notifications)

12. 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

[Signature]

Date

1/6/09

Daytime Phone #

407-888-7704

Typed or printed name of signing Managing Member/Manager

Steven Weldon

T. Hampton JAN 12 2010