

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000065116

1. Entity Name
BRUCE F MARKO II, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 29 PM 4:00

Principal Place of Business

3785 S SAND PIPER TERRACE
HOMOSASSA, FL 34448

Mailing Address

3785 S SAND PIPER TERRACE
HOMOSASSA, FL 34448

2. Principal Place of Business - No P.O. Box

4136 Sabal Park Dr
Tampa, FL 33610

3. Mailing Address

4136 Sabal Park Dr
Tampa, FL 33610

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

Tampa FL

City & State

Tampa FL

Zip

33610

Country

USA

Zip

33610

Country

USA

09142009 REIN-LLC CR2E101 (1/07)

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARKO, BRUCE F II
3785 S SAND PIPER TERRACE
HOMOSASSA, FL 34448

4136 Sabal Park Dr
101
Tampa, FL 33610

7. Name and Address of New Registered Agent

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

9/14/09

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MARKO, BRUCE F II
STREET ADDRESS 3785 S SAND PIPER TERRACE
CITY-ST-ZIP HOMOSASSA, FL 34448

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
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:

[Signature]

9/14/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT 2008-2009

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