

L04 000066279

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

REINSTATEMENT 05, 06

From:

Account Name : PORTER, WRIGHT, MORRIS & ARTHUR
Account Number : 102233003533
Phone : (814) 227-1936
Fax Number : (239) 593-2990

LIMITED LIABILITY REINSTATEMENT

MILAN CENTER, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$205.00

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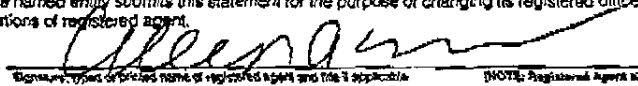
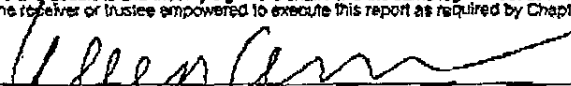
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**2006 LIMITED LIABILITY COMPANY
REINSTATEMENT**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000066279			
1. Entity Name MILAN CENTER, LLC			
Principal Place of Business 9495 TAMiami TR N NAPLES, FL 34108		Mailing Address 9495 TAMiami TR N NAPLES, FL 34108	
2. Principal Place of Business 4522 Executive Drive		3. Mailing Address 4522 Executive Drive	
Suite, Apt. #, etc. Suite 103		Suite, Apt. #, etc. Suite 103	
City & State Naples, Florida		City & State Naples, Florida	
Zip 34119	Country USA	Zip 34119	Country USA
4. FEI Number 73-1717661		Applied For ☐ Not Applicable ☐	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GOLDMAN, ELLEN A ESQ. 5801 PELICAN BAY BLVD. SUITE 300 NAPLES, FL 34108		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 		DATE 3/9/06	
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAHIM, MAHMOUND 4522 EXECUTIVE DRIVE NAPLES, FL 34119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABDULHUSSAIN, RAYA H 4522 EXECUTIVE DRIVE NAPLES, FL 34119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		DATE 3/9/06 239-593-2900	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	