



2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT #L04000066667 1. Entity Name GEURDEN LIMITED LIABILITY COMPANY						FILED 07 OCT 17 PM 4:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 5147 WILLOW LINKS #18 SARASOTA, FL 34235				Mailing Address 5147 WILLOW LINKS #18 SARASOTA, FL 34235			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 51-0530637				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GEURDEN, CHRIS 1167 FRASER PINE BLVD SARASOTA, FL 34240				7. Name and Address of New Registered Agent Name Robert Geurden Street Address (P.O. Box Number is Not Acceptable) 5147 WILLOW LINKS #1E SARASOTA City FL Zip Code 34235			
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 X Robert h. Geurden <small>Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		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				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GEURDEN, CHRIS 1167 FRASER PINE BLVD SARASOTA, FL 34240 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	900110902319 10/17/07--01051--004 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GEURDEN, ROBERT M 5147 WILLOW LINKS #1E SARASOTA, FL 34235 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<div style="display: flex; justify-content: space-between;"> <div> REINSTATEMENT 2007 </div> <div> 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. </div> </div>							
SIGNATURE: X Robert h. Geurden <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							
Date				Daytime Phone #			