

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000082706

1. Entity Name  
FLORIDA AFFILIATES, LLC



Principal Place of Business  
3277 FRUITVILLE ROAD  
D2  
SARASOTA, FL 34237

Mailing Address  
3277 FRUITVILLE ROAD  
D2  
SARASOTA, FL 34237

2. Principal Place of Business - No P.O. Box #  
181 Colonnade Circle  
Suite, Apt. #, etc.

3. Mailing Address  
181 Colonnade Circle  
Suite, Apt. #, etc.

City & State  
Naples, FL  
Zip  
34103-8721  
Country  
Collier

City & State  
Naples, FL  
Zip  
34103-8721  
Country  
Collier

12162008 REIN-LLC CR2E101 (1/07)

4. FEI Number  
20-1278755

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BLUM, KEVIN R  
3277 FRUITVILLE ROAD  
D2  
SARASOTA, FL 34237

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
181 Colonnade Circle  
City  
Naples FL Zip Code  
34103-8721

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 *Kevin Blum*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE  
12-18-08

**FILE NOW!!! FEE IS \$138.75**  
**After January 1, 2009, Fee will be \$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BLUM, KEVIN R  
3277 FRUITVILLE ROAD D2  
SARASOTA, FL 34237 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HUMBERSTON, YVONNE J  
5110 NORTHRIDGE ROAD, #308  
SARASOTA, FL 34238 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
L. SELLERS  
DEC 24 2008 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EXAMINER ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
181 Colonnade Circle  
Naples, FL 34103-8721

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
600 Shetland Circle  
Nokomis, FL 34275

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
600139199356  
12/22/08--01037--005 \*\*\$138.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
REINSTATEMENT 2008

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: *Kevin Blum*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

08 DEC 23 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

