

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000090878

1. Entity Name
SHETTER AVENUE, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -5 AM 8:56

Principal Place of Business
10161 CENTURION PARKWAY, SUITE 150
JACKSONVILLE, FL 32256

Mailing Address
10161 CENTURION PARKWAY, SUITE 150
JACKSONVILLE, FL 32256



2. Principal Place of Business
154 Roscoe Blvd. North

3. Mailing Address
154 Roscoe Blvd. North

Suite, Apt. #, etc.

11302006 REIN-LLC CR2E101 (11/05)

City & State
Ponte Vedra Beach, FL

City & State
Ponte Vedra Beach, FL

4. FEI Number
20-2055058

Applied For
Not Applicable

Zip
32082

Country
USA

Zip
32082

Country
USA

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

6. Name and Address of Current Registered Agent

MOREHEAD, RICHARD T
444 THIRD STREET
NEPTUNE BEACH, FL 32266

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
SISK, JOHN K
10161 CENTURION PARKWAY, SUITE 150
JACKSONVILLE, FL 32256

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
Edward Malin
154 Roscoe Blvd. North
Ponte Vedra Beach, Florida 32082

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500082262555
12/04/06--01056--005 **50.00

☐ Change ☐ Addition

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REINSTATEMENT 2006

☐ 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: Richard T. Morehead *Richard T. Morehead* 11/30/06 904-881-9005

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

Date Daytime Phone #