## 2008 LIMITED LIABILITY CO ANY REINSTATEMENT

1. Entity Nam	MENT # L05000002		-(	•				
Principal Place of Business 2780 SOUTH HORSESHOE DRIVE SUITE #2 NAPLES, FL 34104		Mailing Address  2780 SOUTH HORSESHOE DRIVE SUITE #2 NAPLES, FL 34104		T 		R 11001 WARD HADIN SUR	<b>.</b>	
2. Principal P	Place of Business - No P.O. Box #	Mailing Address     999 Vanderbilt Beach Road						
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 1000			11032008 REIN-L	LC CR	2E101 (1/07)	
City & State		City & State Naples, Florida		4. FEI Number 20-2119650		ļ <del> </del>	plied For t Applicable	
Zip	Country Zip 34108		Count	•			\$5.00 Add Fee Required	
	6. Name and Address of Current F		<u> </u>		7. Name and Address of	of New Register	ed Agent	
CHANEY MADIC				Name Chaney, Mark				
CHANEY, MARK 2780 SOUTH HORSESHOE DRIVE SUITE #2				Street Address (P.O. Box Number is Not Acceptable)				
NAPLES,	FL 34104	999		999 Var	anderbilt Beach Road Suite 1000			
			City		es	F	<b>L</b> 34108	
	named entity submits this statement for	the purpose of changing its	registere	d office or register	red agent, or both, in the St	ate of Florida. 1	am familiar with,	and accept
the obligations of registered agent.  Mark Chaney, Managing Member 11/04/08								
SIGNATURE	Signature, typed or printed name of registered agent a	nd little if applicable. (NOTE		d Agent signature requir		DAI	£ 01100	
FILE NOW!!! FEE IS \$138.75 In accordance with s. ( After January 1, 2009, Fee will be \$277.50 liability company did no					tice.	Florida Depar	k payable to tment of State	
9.	MANAGING MEMBEI		10.	———	ADI	DITIONS/CHANG	X X	ddition
TITLE NAME	MGRM Detete CHANEY, MARK			. 1	00 Vandarbill D		•	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP No	999 Vanderbilt Beach Road, Suite 1000 Naples, Florida 34108			
TITLE		☐ Delete	ππιε				☐ Change	Addition
NAME STREET ADDRESS			NAME	T ADDRESS	700137679527 11/05/0801043010 **138.75			75
CITY-ST-ZIP				ST-ZIP	₹ 50,00		1001	
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CITY-ST-ZIP				ST-ZIP	,	2		
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CITY-ST-ZIP	EINO TATEM		1	ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP				T ADDRESS 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.								
J								
SIGNAT	M D	Mai	rk Cha	nev, Managi	na Member 11	INUINA	020 N	75 4000



Bonita Bay Executive Center I 3451 Bonita Bay Boulevard, Suite 206 Bonita Springs, FL 34134 Tel: 239.344.1100 • Fax: 239.498.6225 • www.heriaw.com

Fort Myers • Sanibel

Reply to Beverly Belleau, FRP Paralegal Direct Fax Number 239.344.1572 Direct Dial Number 239.344.1373 E-Mail: bev.belleau @henlaw.com

November 4, 2008

## **VIA FEDERAL EXPRESS**

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Reinstatement of Limited Liability Company

Bonita Court, Naples, LLC Document # L05000002126

## Dear Agent:

Kindly find attached our Trust Account Check Number 108665, in the amount of \$138.75 to reinstate without penalty, made payable to the Florida Department of State, representing the reinstatement of Bonita Court, Naples, LLC, Document #L05000002126. Our client had not received a notice due to the change of his mailing address.

Beverly Belleau, FRP

Paralegal

Sincerely

BB/