

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000002183

1. Entity Name
TARPON ROAD, NAPLES, LLC



FILED

2008 NOV 13 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2780 S. HORSESHOE DR.
SUITE 2
NAPLES, FL 34104

Mailing Address
2780 S. HORSESHOE DR.
SUITE 2
NAPLES, FL 34104

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
999 Vanderbilt Beach Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 1000

11032008 REIN-LLC CR2E101 (1/07)

City & State

City & State
Naples, Florida

4. FEI Number

20-2121111

Applied For

Not Applicable

Zip

Country

Zip

34108

Country

Collier

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHANEY, MARK
2780 S. HORSESHOE DR.
SUITE 2
NAPLES, FL 34104

Name Chaney, Mark

Street Address (P.O. Box Number is Not Acceptable)

999 Vanderbilt Beach Road Suite 1000

City Naples

FL

Zip Code
34108

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

Mark Chaney

Mark Chaney, Managing Member

11/04/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CHANEY, MARK
2780 S. HORSESHOE DR.
NAPLES, FL 34104 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
999 Vanderbilt Beach Road, Suite 1000
Naples, Florida 34108 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
800137679448
11/05/08--01043--009 **138.75 ☐ 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:

Mark Chaney

Mark Chaney, Managing Member

11/04/08

239-4359220

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

Date

Daytime Phone #

REINSTATEMENT

08AL