


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

| | | |
|--|--|---|
| DOCUMENT # L05000003333 | |  |
| 1. Entity Name INDIAN RIVER INVESTMENT COMPANY, LLC | | |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 12 AM 10:03

| | |
|--|--|
| Principal Place of Business 2400 NE INDIAN RIVER DR JENSEN BEACH, FL 34957 | Mailing Address PO BOX 1090 PORT SALERNO, FL 34992 |
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|--------------------------------|---|
| 2. Principal Place of Business | 3. Mailing Address 614 CEDAR SIDE CIR NE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State PALM BAY, FL |
| Zip | Country USA |



10092006 REIN-LLC CR2E101 (11/05)

4. FEI Number ☒ Applied For
Not Applicable

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

| | |
|---|---|
| 6. Name and Address of Current Registered Agent WHEELER, LAURA M 614 CEDAR SIDE CIRCLE NE PALM BAY, FL 32905 | 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 \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MORROW, W 2400 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 400080783684 10/12/06--01064--003 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM NEHEZ, S 2400 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM NEHEZ, R 2400 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | REINSTATEMENT 2006 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

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

Date

Daytime Phone #

10/10/06