

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000005958

1. Entity Name
ELITE PROPERTY MANAGEMENT LLC



FILED

07 OCT 16 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6523 SPRING OAK CT
TAMPA, FL 33625

Mailing Address
6523 SPRING OAK CT
TAMPA, FL 33625

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10072007 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-2196349

Applied For
Not Applicable

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

DENT, BRYAN
6523 SPRING OAK CT
TAMPA, FL 33625

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

William A. Dent Jr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/06/07

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, 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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DENT, BRYAN
6523 SPRING OAK CT
TAMPA, FL 33625 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DENT, WILLIAM JR.
6523 SPRING OAK CT
TAMPA, FL 33625 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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

11. I have
indicated
limits

I for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information I have provided is true and correct to the best of my knowledge and belief, and that I am a managing member or manager of the company as required by Chapter 608, Florida Statutes.

SIGNATURE:

William A. Dent Jr.

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

Date

Daytime Phone #

10/6/07 913-310-7412

TO WHOM IT MAY CONCERN
I COULDN'T FIND THAT I
RECEIVED THE NOTICE
EXCEPT FOR THE LATE
NOTICE I JUST RECEIVED.
Thanks
William A. Dent Jr.

REINSTATEMENT