

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT 17 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000006110

1. Entity Name  
EYE CATCHER PROPERTIES, LLC



Principal Place of Business  
1900 MASON AVENUE  
DAYTONA BEACH, FL 32127

Mailing Address  
PO BOX 291790  
PORT ORANGE, FL 32127

2. Principal Place of Business - No P.O. Box #  
4848 S. Peninsula Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

10122007 REIN-LLC CR2E101 (1/07)

City & State  
Ponce Inlet, FL  
Zip  
32127

City & State  
Zip  
Country

4. FEI Number  
20-4759878  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

BARKIN, MARSHALL H  
149 S. RIDGEWOOD AVE., SUITE 710  
DAYTONA BEACH, FL 32114

## 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HAYNES, MICHAEL  
PO BOX 291790  
PORT ORANGE BEACH, FL 32127 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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## 10. ADDITIONS/CHANGES

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

TITLE  
NAME  
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CITY-ST-ZIP  
700110869597  
10/16/07--01066--008 \*\*50.00 ☒ Change ☐ Addition

TITLE  
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☐ 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:

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

10/12/07 (380) 527-0654  
Date Daytime Phone #

REINSTATEMENT