

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000013513

1. Entity Name
1400 OSPREY AVENUE, LLC



Principal Place of Business
2780 SOUTH HORSESHOE DRIVE
SUITE #2
NAPLES, FL 34104

Mailing Address
2780 SOUTH HORSESHOE DRIVE
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

City & State

City & State
Naples, Florida

Zip

Country

Zip

34108

Country

Collier

11032008 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-2309702

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHANEY, MARK
2780 SOUTH HORSESHOE DRIVE
SUITE #2
NAPLES, FL 34104

7. Name and Address of New Registered Agent

Name Chaney, Mark

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

999 Vanderbilt Beach Road Suite 1000

City Naples

FL

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

TITLE MGRM ☐ Delete
NAME CHANEY, MARK R
STREET ADDRESS 2780 SOUTH HORSESHOE DRIVE SUITE #2
CITY-ST-ZIP NAPLES, FL 34104

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-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.

SIGNATURE:

Mark Chaney

Mark Chaney, Managing Member

11/04/08

239-435-9220

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

Date

Daytime Phone #

400137679634
11/05/08--01043--012 **138.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 NOV 12 P 2:27

FILED



Henderson|Franklin
ATTORNEYS AT LAW

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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
1400 Osprey Avenue, LLC Document # L05000013513

Dear Agent:

Kindly find attached our Trust Account Check Number 108663, in the amount of \$138.75 to reinstate without penalty, made payable to the Florida Department of State, representing the reinstatement of 1400 Osprey Avenue, LLC Document # L05000013513. Our client had not received a notice due to the change of his mailing address.

Sincerely,

Beverly Belleau, FRP
Paralegal

BB/