

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000013685

1. Entity Name
KAPES BAYOU LANDING, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 14 AM 10:33

Principal Place of Business
1835 FIDDLER COURT
TALLAHASSEE, FL 32308

Mailing Address
1835 FIDDLER COURT
TALLAHASSEE, FL 32308

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

3793 Longfellow Rd.
Suite, Apt. #, etc.

3. Mailing Address

3793 Longfellow Rd.
Suite, Apt. #, etc.



02132007 REIN-LLC CR2E101 (1/07)

City & State
Tallahassee FL

Zip 32311 Country

City & State
Tallahassee FL

Zip 32311 Country

4. FEI Number
11-3743084

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAUDILL, JAMES F ESQ
4933 TAMiami TRAIL NORTH
200
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name Steven J. Bracci
Street Address (P.O. Box Number is Not Acceptable)
3793 Longfellow Rd.
City Tallahassee FL Zip Code 32311

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 Steven J. Bracci Steven J. Bracci, Registered Agent 2/12/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$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 MGR ☐ Delete
NAME KAPES MANAGEMENT LLC
STREET ADDRESS 1835 FIDDLER COURT
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE MGR ☐ Delete
NAME BIEDERMANN, GAYLE
STREET ADDRESS 651 BIMINI AVENUE
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3793 Longfellow Rd.
CITY-ST-ZIP Tallahassee FL 32311

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: Steven J. Bracci Steven J. Bracci, IS MANAGER HEREOF 2/12/07
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

AS MANAGER OF KAPES MANAGEMENT, LLC, WHICH, IN TURN

REINSTATEMENT 06-07

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02/21/07--01017--018 **100.00