

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000025824

1. Entity Name
NEWLEAF VI, LLC



Principal Place of Business
2708 FIRST STREET
FT. MYERS, FL 33916

Mailing Address
2708 FIRST STREET
FT. MYERS, FL 33916

06

FILED
07 JUN 11 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
BK



05292007 REIN-LLC CR2E101 (1/07)

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

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

7. Name and Address of New Registered Agent

ALOIA, FRANK J JR
2250 FIRST STREET
FT. MYERS, FL 33901

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 date of registration.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/11/07

FILE NOW!!! FEE IS \$208.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NEWLEAF I, LLC
2708 FIRST STREET
FT. MYERS, FL 33916 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

REINSTATEMENT

2006-2007

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06/15/07--01065--011 **205.00

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 603, Florida Statutes.

SIGNATURE:

[Signature]

6/7/07 239791-7953

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

Date

Daytime Phone #