

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 21 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600150939946
04/17/09--01004--014 **\$60.00
CR2E041 (10/08)

DOCUMENT # L05000046126

1. Limited Liability Company's Name

Venice Avenue Property, LLC

2. Principal Office Address - No P.O. Box #

4437 Friar Tuck Lane

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34232

Country

3. Mailing Office Address

4437 Friar Tuck Lane

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34232

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida May 2, 2005

6. FEI Number

20-4382555

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Bradley W. Hogreve

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

100 Wallace Avenue

Suite, Apt. #, Etc.

310

City

Sarasota

State

FL

Zip Code

34237

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Bradley W. Hogreve

REGISTERED AGENT MUST SIGN

Date

4/15/2009

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Robert Oppenheimer	4437 Friar Tuck Lane	Sarasota, FL 34232

JB

REINSTATEMENT 2006-09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

Robert Oppenheimer

Date

4/14/09

Daytime Phone #

941 917-8621

Typed or printed name of signing Managing Member/Manager

Robert Oppenheimer