

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000055009

1. Entity Name  
LAKE TOHO ESTATES, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 DEC 30 PM 3:01

Principal Place of Business  
SOL GENUITH C/O RSG REALTY SERVICES  
7 ARROWHEAD LANE  
SUFFERN, NY 10901

Mailing Address  
SOL GENUITH C/O RSG REALTY SERVICES  
7 ARROWHEAD LANE  
SUFFERN, NY 10901



2. Principal Place of Business - No P.O. Box #  
10491 COPPER LAKE DR.

3. Mailing Address  
10491 COPPER LAKE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11102008 REIN-LLC CR2E101 (1/07)

City & State  
BOYNTON BEACH, FL

City & State  
BOYNTON BEACH, FL

4. FEI Number  
20-3135821

Applied For  
Not Applicable

Zip  
33437

Country  
USA

Zip  
33437

Country  
USA

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

## 6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

## 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 file 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
GENUTH, SOL  
10491 COPPER LAKE DR.  
BOYNTON BEACH, FL 33437

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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REINSTATEMENT 2008

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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

200139356042  
12/30/08--01035--003 \*\*138.75

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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

Date

Daytime Phone #

SOL GENUITH

11/7/08

561-736-7632