

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000057175

**Entity Name:** DOLPHIN VUE, LLC

**FILED**  
**Jul 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

12681 ALLENDALE CIRCLE  
FORT MYERS, FL 33912

**New Principal Place of Business:**

5115 MANOR COURT  
CAPE CORAL, FL 33904

**Current Mailing Address:**

P.O. DRAWER 60205  
C/O JOHN M. WICKER, P.A.  
FORT MYERS, FL 33906

**New Mailing Address:**

**FEI Number:** 86-1142096

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WICKER, JOHN M  
12670 NEW BRITTANY BLVD., SUITE 101  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: JOHN M. WICKER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FRANTZ, JENNIFER  
Address: 380 KEENAN AVENUE  
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JENNIFER FRANTZ

MGRM

07/29/2010

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date