

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000063332

1. Entity Name
STOWE PROPERTIES USA, LLC



FILED
08 NOV 26 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
722 SHORE DRIVE
VERO BEACH, FL 32963

Mailing Address
2142 ELMORE MTN ROAD
MORRISVILLE, VT 05661

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

3. Mailing Address
1709 ST-PATRICK #PH802



Suite, Apt. #, etc.

Suite, Apt. #, etc.

10312008 REIN-LLC CR2E101 (1/07)

City & State

City & State
MONTREAL, QUEBEC

4. FEI Number
47-0959849

Applied For
Not Applicable

Zip

Country

Zip
H3K 3G9

Country
CANADA

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

SANFORD, CHARLES
3003 CARDINAL DRIVE, SUITE B
VERO BEACH, FL 32963

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GEOGHEGAN, MICHAEL V
4180 E. 16TH SQ.
VERO BEACH, FL 32967

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
100138232981
11/24/08--01047--003 **238.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SCOFIELD, SAM
CARLSON BLDG.
STOWE, VT 05672

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CHANISTEL USA, INC.
1201 NORTH MARKET STREET
WILMINGTON, DE 19899

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
1709 ST-PATRICK #PH802
MONTREAL, QC, CANADA H3K 3G9

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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 #

11-14-2008

514-285-1414