

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN -8 AM 8:05

DOCUMENT # L05000067500

1. Entity Name
MONSTER HOUSE, LLC



Principal Place of Business
5871 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

Mailing Address
5871 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10232006 REIN-LLC CR2E101 (11/05)

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

PALMER, CHARLES G
5871 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

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 \$50.00
After January 1, 2007, Fee will be \$100.00

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

10. ADDITIONS/CHANGES

TITLE MGR
NAME PALMER, CHARLES G
STREET ADDRESS P.O. BOX 10210
CITY-ST-ZIP FORT SMITH, AR 72917

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MGR
NAME ANDERSON, MIKE
STREET ADDRESS P.O. BOX 10210
CITY-ST-ZIP FORT SMITH, AR 72917

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the e-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 #

Mike Anderson MGR 12/29/06 918-682-4161