

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000085718

1. Entity Name
CHARLOTTE PROPERTIES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 19 AM 10:55

Principal Place of Business
4260 HUNTING TRAIL
LAKE WORTH, FL 33467

Mailing Address
4260 HUNTING TRAIL
LAKE WORTH, FL 33467

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12112006 REIN-LLC CR2E101 (11/05)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

EASTHAM, JOHN K JR.
138 WEST PALMETTO PARK ROAD
BOCA RATON, FL 33432

Name
WALTER M PINEDO
Street Address (P.O. Box Number is Not Acceptable)
4260 HUNTING TRAIL
LAKE WORTH FL 33467
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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
W. PINEDO & M. AGUILO-PINEDO FAM. L.P. II
4260 HUNTING TRAIL
LAKE WORTH, FL 33467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100082640861
12/19/06--01033--010 **150.00

TITLE
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12-14-2006

Date

Daytime Phone #