

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
07 JUL 18 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000093315

1. Entity Name
TURNBERRY PARTNERS, LLC



Principal Place of Business
9600 PARKSOUTH COURT
ORLANDO, FL 32837

Mailing Address
701 CONESUS LANE
WINTER SPRINGS, FL 32708



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07132007 REIN-LLC CR2E101 (1/07)

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

FINNEGAN, JOHN
701 CONESUS LANE
WINTER SPRINGS, FL 32708

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.

JOHN FINNEGAN

(NOTE: Registered Agent signature required when reinstating)

JULY 12, 2007

DATE

FILE NOW!!! FEE IS \$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
FINNEGAN, JOHN
701 CONESUS LANE
WINTER SPRINGS, FL 32708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
300105435089
07/20/07--01034--003 **205.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
THOMPSON, ROY
4821 LAKE SHARP DRIVE
ORLANDO, FL 32817 ☒ Delete

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

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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

JOHN FINNEGAN

Date

Daytime Phone #

7/12/07 407-781-1111

REINSTATEMENT

06.07