


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L05000101292**

1. Entity Name  
**NORTH GARDEN, LLC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY -2 PM 12:56

Principal Place of Business  
**607 ENGMAN STREET  
CLEARWATER, FL 33755**

Mailing Address  
**1465 S. FT. HARRISON AVE.  
SUITE 101  
CLEARWATER, FL 33756**



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

3. Mailing Address  
**12151 S. 73<sup>rd</sup> AVE.**

Suite, Apt. #, etc.

03042008 REIN-LLC CR2E101 (1/07)

City & State  
**Palos Heights, IL**

City & State

Zip Country

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**KNAPMEYER, DONALD C** *Deceased*  
1465 S. FT. HARRISON  
SUITE 101  
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent

Name **DAVID KERR**

Street Address (P.O. Box Number is Not Acceptable)  
**413 CLEVELAND**

City **CLEARWATER** FL **33755**

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 \_\_\_\_\_ DATE **3/3/08**

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$277.50**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ALEMIS, ALEX 12151 S. 73RD AVE. PALOS HEIGHTS, IL 60643</b>
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10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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000129432700  
05/14/08--01009--001 \*\*277.50

REINSTATEMENT

*W/KP 07-08*  
*Self*

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: \_\_\_\_\_ DATE **3/3/08** DAYTIME PHONE # **773-251-7573**

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