

2009 Annual Report

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 28 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500153332925
04/28/09--01040--012 **138.75
CR2E041 (10/08)

DOCUMENT # L05000102055

1. Limited Liability Company's Name

57 Properties, LLC

2. Principal Office Address - No P.O. Box #

2400 Roberts Ranch Road

Suite, Apt. #, etc.

City & State

Plant City, Florida

Zip

33566

Country

U.S.A.

3. Mailing Office Address

2400 Roberts Ranch Road

Suite, Apt. #, etc.

City & State

Plant City, Florida

Zip

33566

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/13/05

6. FEI Number

16-1736311

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Bruce J. Sperry, Esquire

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

1003 South Alexander Street

Suite, Apt. #, Etc.

Suite 1

City

Plant City

State

FL

Zip Code

33563

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Paul Patounis	2802 Wedgewood Drive	Plant City, Florida 33566

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date

4/23/09

Daytime Phone # (813) 359-1200

Typed or printed name of signing Managing Member/Manager

Paul Patounis