

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000105078

1. Entity Name
MB RIVER DEVELOPMENT, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 11 AM 9:25

Principal Place of Business
2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237

Mailing Address
2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11072006 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

CHAPNICK, BRUCE P ESQ.
2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237

Name ROBERT MESSICK

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

2033 MAIN STREET

SUITE 600

City SARASOTA

FL

Zip Code 34237

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

12/7/06

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 MGRM
STREET ADDRESS BRIVIK, MARK
CITY - ST - ZIP PO BOX 640
SARASOTA, FL 34230 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
700082116937
11/28/06--01075--002 **155.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
700082116937
11/28/06--01075--002 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition
REINSTATEMENT 2006

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

11/22/06