

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

06 NOV -3 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10102006 REIN-LLC CR2E101 (11/05)

4. FEI Number **20-3857304** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLARDY, JOHN S III
521 W. FORT ISLAND TRAIL
PLANTATION POINTE, SUITE A
CRYSTAL RIVER, FL 34429

7. Name and Address of New Registered Agent

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 John S Clardy III, RA.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 10/10/06

FILE NOW!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

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 MGRM
NAME KOFMEHL, CHARLES P SR. ☐ Delete
STREET ADDRESS P.O. BOX 448
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE MGRM
NAME KOFMEHL, JAMES ☐ Delete
STREET ADDRESS P.O. BOX 448
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 4055 N. Citrus Avenue
CITY-ST-ZIP Crystal River, FL 34429

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 4055 N. Citrus Avenue
CITY-ST-ZIP Crystal River, FL 34429

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 800081476728
CITY-ST-ZIP 11/03/06--01003--007 **\$5.00

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

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

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

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: Charles P. Kofmehl Jr.

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

Date 10/10/06

Daytime Phone #