

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000108807

1. Entity Name
NFM PROPERTIES, LLC



Principal Place of Business
4716 BRIXTON COURT
LEHIGH ACRES, FL 33971

Mailing Address
4716 BRIXTON COURT
LEHIGH ACRES, FL 33971

2. Principal Place of Business - No P.O. Box #
7751 Bayshore Road
Suite, Apt. #, etc.

3. Mailing Address
7751 Bayshore Road
Suite, Apt. #, etc.

City & State
N. Fort Myers, FL
Zip
33917
Country

City & State
N. Fort Myers, FL
Zip
33917
Country

4. FEI Number
59-1483473

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRACE, A. DOUGLAS JR.
4716 BRIXTON COURT
LEHIGH ACRES, FL 33971

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-9-07

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GRACE, A. DOUGLAS JR.
4716 BRIXTON COURT
LEHIGH ACRES, FL 33971 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GRACE, A. DOUGLAS JR.
4716 Brixton Court
Lehigh Acres, FL 33971 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600110940046
10/18/07--01004--023 **150.00

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

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

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

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 #

10-9-07 239-334-0811

2007 OCT 18 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10082007 REIN-LLC CR2E101 (1/07)

REINSTATEMENT

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