

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000109327

1. Entity Name  
DB CAPITAL LLC



Principal Place of Business  
2202 N. WEST SHORE BLVD., SUITE 200  
TAMPA, FL 33607 US

Mailing Address  
2202 N. WEST SHORE BLVD., SUITE 200  
TAMPA, FL 33607 US

FILED

2008 OCT 28 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

3. Mailing Address  
2202 N West Shore Blvd Ste 200

10202008 REIN-LLC CR2E101 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
40 Waterfield Credit

City & State

City & State  
Tampa FL

Zip

Country

Zip  
33607

Country  
USA

4. FEI Number  
20-3780371

Applied For  
Not Applicable

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

CANOLE, ANDREW  
2202 N. WEST SHORE BLVD.  
SUITE 200  
TAMPA, FL 33607

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

10-20-08

**FILE NOW!!! FEE IS \$138.75**  
**After January 1, 2009, Fee will be \$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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CANOLE, ANDREW  
2202 N. WEST SHORE BLVD., SUITE 200  
TAMPA, FL 33607 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
600137325776  
10/27/08--01055--014 \*\*138.75

TITLE  
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TITLE  
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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 #

10-20-08