

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION

07 NOV 27 AM 10:45

CR2E041 (1/07)

DOCUMENT # L05000109868

1. Limited Liability Company's Name

Tagleo, LLC

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

1004 Collier Center Way

Suite, Apt. #, etc.

Suite 206

City & State

Naples, Florida

Zip

34110

Country

collier

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

13-4357209

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

Counts, Richard A.

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

1004 Collier Center Way

Suite, Apt. #, Etc.

Suite 206

City

Naples, Florida

State

FL

Zip Code

34110

☐ 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

See attached page

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

REINSTATEMENT

07

10735707-01008-005 **150.00

10730707-01008-005 **150.00

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

Richard A. Counts

Date **10/22/07**

Daytime Phone # **239.593.5533**

Typed or printed name of signing Managing Member/Manager

2/0f 2

Vanderbilt Development Group, LLP
1004 Collier Center Way, Suite 206
Naples, FL 34110

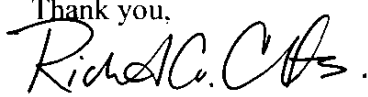
November 6, 2007

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Please be advised that I, Richard A. Counts am accepting and acknowledging that I am
the now the Registered Agent for Tagleo, LLC.

Please find attached the reinstatement for renewal.

Thank you,

Richard A. Counts