

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 NOV 30 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000111821

1. Entity Name  
TAMPA II ALD, LLC



Principal Place of Business  
2665 NORTH ATLANTIC AVENUE, #300  
DAYTONA BEACH, FL 32118

Mailing Address  
2665 NORTH ATLANTIC AVENUE, #300  
DAYTONA BEACH, FL 32118

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10312007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
20-3816110

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

## 7. Name and Address of New Registered Agent

Name **ALLAN L. DETERT**

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

**2665 N. ATLANTIC Ave #300**

City **DAYTONA BEACH**

FL

Zip Code  
**32118**

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

**11/30/07**

**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 MGR ☐ Delete  
NAME DETERT, ALLAN  
STREET ADDRESS 2665 NORTH ATLANTIC AVENUE, #300  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE MGR ☐ Delete  
NAME KIRCHER, JANET  
STREET ADDRESS 2665 NORTH ATLANTIC AVENUE, #300  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**400112352114**  
**11/16/07--01004--018 \*\*155.00**

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

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

Date

Daytime Phone #

**11/10/07** **407**  
**257 6954**

**REINSTATEMENT**  
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