

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000112222

1. Entity Name
YC RIVER MANAGEMENT, LLC



FILED

07 MAY 30 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2180 IMMOKALEE ROAD STE 311
NAPLES, FL 34110

Mailing Address
2180 IMMOKALEE ROAD STE 311
NAPLES, FL 34110

2. Principal Place of Business
345 CHANCERY CIRCLE

3. Mailing Address
791 WYE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State
AKRON, OH

Zip
34110

Country
US

Zip
44333

Country
US

01052007 REIN-LLC CR2E101 (11/05)

4. FEI Number
20-4062882

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOGGS, E. JACKSON
501 E KENNEDY BLVD STE 1700
TAMPA, FL 33602

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

FILE NOW!!! FEE IS \$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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P. MGR M
ADAM H. MEYERSON
791 WYE RD
AKRON, OH 44333

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR M
ROBERT F. MEYERSON
791 WYE RD
AKRON, OH 44333

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S, T
ELINOR M. CULOTTA
791 WYE RD
AKRON, OH 44333

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AS, AT
DEBORAH A. WARREN
791 WYE RD
AKRON, OH 44333

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900103917549
06/05/07--01046--014 **105.00

☐ 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

5/23/07

Date

330-666-6380

Daytime Phone #

REINSTATEMENT

06-07