

L05000112733

DOCUMENT # L05000112733

1. Entity Name
JOSHUA S. UNGER, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 16 AM 8:45

Principal Place of Business
9824 IMMOKALEE ROAD
NAPLES, FL 34120

Mailing Address
15275 COLLIER BLVD., UNIT 201
PMB 122M
NAPLES, FL 34119



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07132007 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number

20-3859523

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KRANS DORF, MARSHA
9824 IMMOKALEE ROAD
NAPLES, FL 34102

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

July 1st 2007

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

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME KRANS DORF, MARSHA
STREET ADDRESS 9824 IMMOKALEE ROAD
CITY-ST-ZIP NAPLES, FL 34120

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700106350797
CITY-ST-ZIP 07/18/07--01055--002 **100.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

7/1/2007

Date

Daytime Phone #

REINSTATEMENT

2006-2007

BLT