

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000115958

1. Entity Name  
YELLOW PINE PROPERTIES, LLC



FILED

2007 APR -5 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

122 JEFFREY CIRCLE  
SARASOTA, FL 34238 US

Mailing Address

122 JEFFREY CIRCLE  
SARASOTA, FL 34238 US

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

3624 Yellow Pine Ct.

3. Mailing Address

3624 Yellow Pine Ct.

Suite, Apt. #, etc.

#156

Suite, Apt. #, etc.

#156

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34238

Country

US

Zip

34238

Country

US

04032007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

20-3887079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROGERS, ROBERT R  
122 JEFFREY CIRCLE  
SARASOTA, FL 34238

7. Name and Address of New Registered Agent

Name

Andre Hebert

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

3624 Yellow Pine Ct., #156

City

Sarasota

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

4/3/07

FILE NOW!!! FEE IS \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
managing member  
Andre Hebert  
3624 Yellow Pine Ct., #156  
Sarasota, FL 34238 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
900096495769  
04/11/07--01033--020 \*\*200.00

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
REINSTATEMENT 06-07

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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

Date

Daytime Phone #

Andre Hebert, Managing Member 4/3/07 514 393 7007