

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000012237

1. Entity Name
OTTO, L.L.C.



FILED

07 OCT 25 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
202 E. SOUTH STREET, UNIT 5051
ORLANDO, FL 32801

Mailing Address
202 E. SOUTH STREET, UNIT 5051
ORLANDO, FL 32801

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

3. Mailing Address
189 Cupola Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Poinciana, FL

City & State
Poinciana, FL

Zip
34759

Country
USA

Zip
34759

Country
USA

10182007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OTTO, LISA
202 E. SOUTH STREET, UNIT 5051
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

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

189 Cupola Loop

Poinciana, FL 34759

City

FL

Zip Code

34759

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

10/23/07

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$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
MGRM
OTTO, LISA
202 E. SOUTH STREET, UNIT 5051
ORLANDO, FL 32801 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100111363471
10/25/07--01048--025 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 #

10/23/07

REINSTATEMENT