

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000012907

FILED
Oct 05, 2009
Secretary of State

Entity Name: 4735 PALM BEACH BLVD LLC

Current Principal Place of Business:

4735 PALM BEACH BLVD.
FT. MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

PO BOX 50412
FORT MYERS, FL 33994

New Mailing Address:

FEI Number: 22-3921397 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RYAN, MICHAEL
4735 PALM BEACH BLVD
FORT MYERS, FL 33905 US

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.

SIGNATURE: MICHAEL RYAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: RYAN, MICHAEL P
Address: 4735 PALM BEACH BLVD.
City-St-Zip: FT. MYERS, FL 33905

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: ALBIN, DAVID R
Address: 4735 PALM BEACH BLVD.
City-St-Zip: FT. MYERS, FL 33905

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Delete
Name: RYAN, MICHAEL P
Address: 4735 PALM BEACH BLVD.
City-St-Zip: FT. MYERS, FL 33905

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Delete
Name: ALBIN, DAVID R
Address: 4735 PALM BEACH BLVD.
City-St-Zip: FT. MYERS, FL 33905

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL RAYN

PRES

10/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date