

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 NOV -3 PM 6:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

LD6000026204

1. Limited Liability Company's Name

ETHELMERE LLC

W1151927

2. Principal Office Address - No P.O. Box #

2644 VINING ST

3. Mailing Office Address

2644 VINING ST

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

W. MELBOURNE FL

City & State

W. MELBOURNE FL

Zip

Country

32904 BREVARD

Zip

Country

32904 BREVARD

4. State/Country of Formation

NEW YORK (SUFFOLK)

5. Date Organized or Qualified To Do Business in Florida

3/2006

6. FE Number

11-3572938

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

EVA E GEANT

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

2644 VINING ST

Suite, Apt. #, Etc

WEST MELBOURNE

City

WEST MELBOURNE

State

FL

Zip Code

32904

E-mail Address:

300212954953

10/05/11--01024--008 **243.75

300212954953

10/05/11--01024--007 **138.75

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/01/11

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	EVA E GEANT	2644 VINING STREET	W. MELBOURNE FL 32904

L. SELLERS

NOV. 4 2011

EXAMINER

REINSTATEMENT

10-11

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager

Date

10/01/11

Daytime Phone

3216763482

Typed or printed name of signing Managing Member/Manager