

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000047051

1. Entity Name  
BONITA HOME SERVICES, LLC.



FILED

2007 NOV 16 P 5:28

SECRETARY OF STATE



Principal Place of Business  
9602 LISERON DRIVE  
ESTERO, FL 33928 US

Mailing Address  
9602 LISERON DRIVE  
ESTERO, FL 33928 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11072007 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

NELSON, JILL  
9602 LISERON DRIVE  
ESTERO, FL 33928

7. Name and Address of New Registered Agent

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

*Jill B. Nelson*  
Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2008, Fee will be \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
NELSON, LAWRENCE J  
9602 LISERON DRIVE  
ESTERO, FL 33928 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
600112599876  
11/27/07--01023--003 \*\*100.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
NELSON, JILL B  
9602 LISERON DRIVE  
ESTERO, FL 33928 ☐ Delete

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

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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:

*Jill B. Nelson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/2/07 239-940-5400  
Date Daytime Phone #

REINSTATEMENT