

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000049254

1. Entity Name
5317 17TH AVENUE SOUTH, LLC



FILED

2008 DEC 31 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
15657 REDINGTON DRIVE
REDINGTON BEACH, FL 33708-1739

Mailing Address
15657 REDINGTON DRIVE
REDINGTON BEACH, FL 33708-1739

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

12082008 REIN-LLC CR2E101 (1/07)

4. FEI Number
APPLIED FOR 20-4992497

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
~~WHITE, RONALD C ESQ.~~
~~5340 FIRST AVENUE NORTH~~
~~ST. PETERSBURG, FL 33710~~

7. Name and Address of New Registered Agent
Name
ELIZABETH G. BOURLON, CPA, PA
Street Address (P.O. Box Number is Not Acceptable)
2602 4TH AVE. N.
ST. PETERSBURG
#63-0191619 FL 33701

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]* ELIZABETH G. BOURLON, CPA, PA 12.9.08
Signature, typed and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

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	MGR SHEPHARD, DOUGLAS J 15657 REDINGTON DRIVE REDINGTON BEACH, FL 337081739	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	700139356097 12/30/08--01035--005 **138.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]* 12.9.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #