

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000060790

**FILED**  
**Jul 16, 2012**  
**Secretary of State**

**Entity Name:** THE OFFICE ON LINWOOD, LLC

**Current Principal Place of Business:**

2383 LINWOOD AVE. SUITE 301  
NAPLES, FL 34106

**New Principal Place of Business:**

400 5TH AVE SOUTH  
204  
NAPLES, FL 34102

**Current Mailing Address:**

2383 LINWOOD AVE. SUITE 301  
NAPLES, FL 34106

**New Mailing Address:**

PO BOX 1309  
NAPLES, FL 34106

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WOOD, DOUGLAS A  
1000 NORTH TAMiami TRAIL  
SUITE 201  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

SMITH, ADAM  
400 5TH AVE SOUTH  
204  
NAPLES, FL 34102 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: ADAM SMITH

07/16/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SMITH, ADAM  
Address: P. O. BOX 1309  
City-St-Zip: NAPLES, FL 34106

I hereby 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: ADAM SMITH

MGR

07/16/2012

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