

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 APR 10 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000063839

1. Entity Name
M.C.T. MILLENIA L.L.C.



Principal Place of Business
4350 NE 23RD TERRACE
LIGHTHOUSE POINT, FL 33064

Mailing Address
~~56 FLEETWOOD DRIVE~~
~~PALM COAST, FL 32137~~

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

3. Mailing Address
600 Chocktaw St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042008 REIN-LLC CR2E101 (1/07)



City & State

City & State
Lake Mary FL

4. FEI Number

Applied For
☒ Not Applicable

Zip

Country

Zip
32746

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEWARD, MARTYN
56 FLEETWOOD DRIVE
PALM COAST, FL 32137

Name
Donald Bullock

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

600 Chocktaw St.

City
Lake Mary

FL

Zip Code
32746

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 Donald Bullock
Signature, typed or printed name of registered agent and title if applicable.

Donald Bullock
(NOTE: Registered Agent signature required when reinstating)

4/4/08
DATE

FILE NOW!!! FEE IS \$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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PETITO, FRANKLIN M
4350 NE 23RD TERRACE
LIGHTHOUSE POINT, FL 33064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600122634916
04/09/08--01004--005 **277.50 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PETITO, GERARD
1064 DEER CHASE
ST. AUGUSTINE, FL 32086 ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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: Hazen Bsta Esq.

Hazen Bsta

4/4/08

904-638-8478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT

07-08