

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000071765

1. Entity Name
MEYERS INVESTMENT REAL ESTATE, LLC



Principal Place of Business
15580 KILMARNONK DRIVE
FT. MYERS, FL 33912

Mailing Address
15580 KILMARNONK DRIVE
FT. MYERS, FL 33912

2. Principal Place of Business - No P.O. Box #
15580 KILMARNONK DR.
Suite, Apt. #, etc.

3. Mailing Address
15580 KILMARNONK DR.
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10302007 REIN-LLC CR2E101 (1/07)

4. FEI Number
55-0855774

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 agent, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Anthony Licausi

Anthony Licausi
Vice President

11-19-07

Signature, typed or printed name of registered agent and title 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

TITLE MGR
NAME MEYERS, GEORGE W
STREET ADDRESS 15580 KILMARNONK DRIVE
CITY-ST-ZIP FT. MYERS, FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 15580 KILMARNONK DRIVE ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 500112519365
CITY-ST-ZIP 11/21/07--01077--002 **155.00 ☐ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
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: *[Signature]*

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

10/30/07 513-721-1331
Date Daytime Phone #

REINSTATEMENT

2007