

FILED

1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

09 JUN 18 PM 1:51

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000078207

1. Limited Liability Company's Name

1511 Lucerne, LLC

900154592759

06/09/09--01004--009 **138.75

900154592759

05/01/09--01002--016 **277.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

1005 Lake Ave

3. Mailing Office Address

PO Box 21349

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

W. Palm Bch, FL

Zip

33460

Country

Zip

33416

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8/8/2006

6. FEI Number

20-5571862

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

John F Romano

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

1005 Lake Ave

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33460

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

John F Romano

Date

4/29/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgrm	John F Romano	1005 Lake Ave	Lake Worth, FL 33460
Mgr	Nancy L Romano	1005 Lake Ave	Lake Worth, FL 33460
Mgrm	Timothy Wengierski	2901 PGA Blvd #100	Palm Bch Gdns, FL 33410

JB

REINSTATEMENT 2007-09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Nancy L Romano

Date

4/29/09

Daytime Phone #

561-533-6700

Typed or printed name of signing Managing Member/Manager

Nancy L Romano



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2009

1511 LUCERNE, LLC
PO BOX 21349
W. PALM BEACH, FL 33416

SUBJECT: 1511 LUCERNE, LLC
Ref. Number: L06000078207

FILED
09 JUN -8 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for 1511 LUCERNE, LLC and your check(s) totaling \$277.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2007 through 2009; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$416.25.

We need an additional check for \$138.75

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 309A00015361