

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000081530

1. Entity Name  
H2O PROPERTIES, LLC



FILED

08 APR 23 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business  
11102 LANE PARK ROAD  
TAVARES, FL 32778

Mailing Address  
11102 LANE PARK ROAD  
TAVARES, FL 32778

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162008 REIN-LLC CR2E101 (1/07)

4. FEI Number

20-5411852

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

LEE, DAVID S SR.  
11102 LANE PARK ROAD  
TAVARES, FL 32778

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-08

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

TITLE MGR  
NAME LEE, DAVID S SR.  
STREET ADDRESS 11102 LANE PARK ROAD  
CITY - ST - ZIP TAVARES, FL 32778

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## 10. ADDITIONS / CHANGES

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

Date

Daytime Phone #

4-18-08 352-253-0872

REINSTATEMENT 07.08