

**2007 LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED

07 OCT -5 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L06000082883

1. Entity Name
SARASOTA SEAWALL DOCK & DAVIT, LLC

Principal Place of Business
3953 PRAIRE DUNES DRIVE
SARASOTA, FL 34238

Mailing Address
3953 PRAIRE DUNES DRIVE
SARASOTA, FL 34238

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA

City & State

SARASOTA FL

Zip

SARASOTA

Zip

Country

SARASOTA

09272007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

205435-094

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~SWANEY, NATALIE
5777 BENEVA ROAD SOUTH
SARASOTA, FL 34233~~

CHANGE

Name

Denis H. Lambillotte

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

3953 Prairie Dunes Dr.

City

SARASOTA

FL

Zip Code
34238

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

Denis H. Lambillotte

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/26/07

FILE NOW!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

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 LAMBIOLLOTTE, DENIS H 3953 PRAIRE DUNES DRIVE SARASOTA, FL 34238	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>300110152123</i> 10/02/07-01038-015 \$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMBIOLLOTTE, LYNNE 3953 PRAIRE DUNES DRIVE SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete <i>DKL</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

Tel 941.915.8771

SIGNATURE: *Denis H. Lambillotte, managing member*

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

Data

Daytime Phone #

9/26/07