

# 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

Country

Zip

Country

SARASOTA

09272007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
205435094

Applied For  
Not Applicable

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

SWANEY, NATALIE  
5777 BENEVA ROAD SOUTH  
SARASOTA, FL 34233

→ CHANGE

Name  
Denis H. Lambillotte

Street Address (P.O. Box Number is Not Acceptable)  
3953 PRAIRE 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*

9/26/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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  
MGRM  
LAMBILLOTTE, DENIS H  
STREET ADDRESS  
3953 PRAIRE DUNES DRIVE  
CITY-ST-ZIP  
SARASOTA, FL 34238 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300110182123  
10/02/07--01038--UTS \*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
MGR  
LAMBILLOTTE, LYNNE  
STREET ADDRESS  
3953 PRAIRE DUNES DRIVE  
CITY-ST-ZIP  
SARASOTA, FL 34238 ☒ Delete *OK*

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

*Denis H. Lambillotte, managing member*

TU 941-915-8771  
9/26/07

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

Date

Daytime Phone #

REINSTATEMENT

07