

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT -6 PM 12: 09

REINSTATEMENT *2007-09 881*

200161334472
10/05/09--01054--019 **516.25
CR2E041 (10/08)

DOCUMENT # L06000086414

1. Limited Liability Company's Name

EEM, LLC

2. Principal Office Address - No P.O. Box #
19786 LOXAHATCHEE POINT

Suite, Apt. #, etc.

City & State
JUPITER, FL

Zip Country
33458 USA

3. Mailing Office Address
520 LAKE COOK RD.

Suite, Apt. #, etc.
STE. 275

City & State
DEERFIELD, IL

Zip Country
60015 USA

4. State/Country of Formation
FL/PALM BEACH

**5. Date Organized or Qualified
To Do Business in Florida** *9/1/06*

6. FEI Number
20-5614911

☐ 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
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City
TALLAHASSEE

State Zip Code
FL 32301-2525

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date *9/14/09*

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
<i>Managing member</i>	EDWARD W. ELLIOTT, JR.	19786 LOXAHATCHEE POINT	JUPITER, FL, 33458

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

[Signature]

Date *9/14/09*

Daytime Phone # *847 736 3971*

Typed or printed name of signing Managing Member/Manager **EDWARD W. ELLIOTT, JR.**