

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT 18 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000091527

1. Entity Name
CITRUS COUNTY REALTY SERVICES, L.L.C.



Principal Place of Business
7655 W. GULF TO LAKE HIGHWAY
SUITE 9
CRYSTAL RIVER, FL 34429

Mailing Address
7655 W. GULF TO LAKE HIGHWAY
SUITE 9
CRYSTAL RIVER, FL 34429

2. Principal Place of Business - No P.O. Box #
7751 E. ALLEN DRIVE

3. Mailing Address
7751 E. ALLEN DRIVE

Suite, Apt. #, etc.

10082007 REIN-LLC CR2E101 (1/07)

City & State
INVERNESS, FL

City & State
INVERNESS, FL

4. FEI Number
20-5577833

Applied For
Not Applicable

Zip
34450

Country
USA

Zip
34450

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TRINGALI, MICHAEL J
3760 N. PALOMINO TERRACE
BEVERLY HILLS, FL 34465

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

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME MGRM
STREET ADDRESS TRINGALI, MICHAEL J
CITY-ST-ZIP 3760 N. PALOMINO TERRACE
BEVERLY HILLS, FL 34465

☐ Delete

TITLE
NAME ~~MGR~~
STREET ADDRESS HALLEE, MARION E
CITY-ST-ZIP 7751 E. ALLEN DRIVE
INVERNESS, FL 34450

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

700110940037
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TITLE
NAME MEMBER
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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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.

MICHAEL J. TRINGALI, managing member

SIGNATURE:

Michael J. Tringali

10/9/07

352-527-3465

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

Date

Daytime Phone #

REINSTATEMENT