

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000097971

1. Entity Name
1902-1906 BUILDING, LLC



FILED

08 JAN 16 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1820 S. FLORIDA AVENUE
LAKELAND, FL 33803

Mailing Address
1820 S. FLORIDA AVENUE
LAKELAND, FL 33803

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

10102007 REIN-LLC CR2E101 (1/07)

4. FEI Number

75-3242232

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

LORIO, JOSEPH P TRUSTEE
1820 S. FLORIDA AVENUE
LAKELAND, FL 33803

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
LORIO, JOSEPH P TRUSTEE
1820 S. FLORIDA AVENUE
LAKELAND, FL 33803

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

02/28/07 90147 012 \$50

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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 #

12/18/07 8636801628

REINSTATEMENT 67116
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