

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 JUL -7 PM 12:25**

**DOCUMENT #** L06000098706

**1. Limited Liability Company's Name**

ELITE PRIVATE EQUITY, LLC

**000155672250**  
**05/08/09--01015--009 \*\*277.50**

CR2E041 (10/08)

**2. Principal Office Address - No P.O. Box #**

1236 BELLEVIEW RD

Suite, Apt. #, etc.

**3. Mailing Office Address**

17654 KAREN ST

Suite, Apt. #, etc.

**City & State**

CLEARWATER FL

**Zip**

33756

**Country**

**City & State**

OMAHA, NE

**Zip**

68135

**Country**

**4. State/Country of Formation**

**5. Date Organized or Qualified  
To Do Business in Florida**

10/09/06

**6. FEI Number**

262493078

☐ 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**

JEFFREY E. LABELLE

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

1236 BELLEVIEW RD.

Suite, Apt. #, Etc.

**City**

CLEARWATER

**State**

FL

**Zip Code**

33756

☒ 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**

Jeff E. Labelle  
REGISTERED AGENT MUST SIGN

**Date** 05/04/09

**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
MGR	NEIL LABELLE	17654 KAREN ST	OMAHA, NE 68135
		416.25	000155672250
			07/07/09--01064--002 **138.75
	REINSTATEMENT	2007-2009	

**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**

Neil E. Labelle

**Date**

5/04/09

**Daytime Phone #**

702 850 3790

**Typed or printed name of signing Managing Member/Manager**

**T. Hamilton JUL - 8 2009**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 13, 2009

ELITE PRIVATE EQUITY, LLC  
1236 BELLE VIEW ROAD  
CLEARWATER, FL 33756

SUBJECT: ELITE PRIVATE EQUITY, LLC  
Ref. Number: L06000098706

We have received your document for ELITE PRIVATE EQUITY, LLC and check(s) totaling \$277.50. However, your check(s) and document are being returned for the following:

The total amount due to reinstate is \$416.25.

There is a balance due of \$138.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 409A00016281