

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000104941

**FILED**  
**Jul 26, 2010**  
**Secretary of State**

**Entity Name:** MATTHEW W. COLLIER LLC.

**Current Principal Place of Business:**

460 5TH STREET SW  
NAPLES, FL 34117 US

**New Principal Place of Business:**

**Current Mailing Address:**

460 5TH STREET SW  
NAPLES, FL 34117 US

**New Mailing Address:**

**FEI Number:** 75-3224407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

COLLIER, MATTHEW W  
460 5TH STREET SW  
NAPLES, FL 34117 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** MATTHEW W COLLIER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** COLLIER, MATTHEW W  
**Address:** 460 5TH STREET SW  
**City-St-Zip:** NAPLES, FL 34117 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** MATTHEW W COLLIER

MGR

07/26/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date