

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06090120385

1. Entity Name  
EVERETT PUBLISHING - ORLANDO, LLC



FILED

2008 DEC -4 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1555 LAKE BALDWIN LANE  
UNIT B  
ORLANDO, FL 32814

Mailing Address  
3118 GULF TO BAY BLVD.  
SUITE 310  
CLEARWATER, FL 33759

2. Principal Place of Business - No P.O. Box #  
8048 Old County Rd 54

3. Mailing Address  
8048 Old County Rd 54

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

New Port Richey, FL

Zip

34653

Country

Pasco

Zip

34653

Country

Pasco

11042008 REIN-LLC

CR2E101 (1/07)

4. FEI Number  
20-8095545

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MCNAMARA, THOMAS P P.A.  
2907 W. BAY TO BAY BLVD.  
SUITE 201  
TAMPA, FL 33629

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

12-3-08

**FILE NOW!!! FEE IS \$138.75**  
**After January 1, 2009, Fee will be \$277.50**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME MILLER, E J  
STREET ADDRESS 4139 RUDDER WAY  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 200137696982  
CITY-ST-ZIP 11/06/08--01008--021 \*\*\*138.75

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

12-3-08

REINSTATEMENT-08