

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000015028

1. Entity Name
1306 RIVIERA DRIVE, LLC



FILED

08 NOV -7 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3579 MIDAS PLACE
NAPLES, FL 3410

Mailing Address
3579 MIDAS PLACE
NAPLES, FL 3410

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

10272008 REIN-LLC CR2E101 (1/07)

4. FEI Number

20-8419404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLASP INC.
3001 TAMiami TRAIL NORTH 4TH FLOOR
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name

GERD FRANKE, CPA

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

3838 TAMiami TRAIL N. STE. 200

City

NAPLES

FL

Zip Code

34103

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

Gerd Franke CPA

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-27-08

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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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.

SIGNATURE:

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

Date

Daytime Phone #

10-29-08



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2008

1306 RIVIERA DRIVE, LLC
3579 MIDAS PLACE
NAPLES, FL 3410

SUBJECT: 1306 RIVIERA DRIVE, LLC
Ref. Number: L07000015028

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for 1306 RIVIERA DRIVE, LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Department of State does not maintain the names and addresses of the members of a limited liability company. Please remove the names and addresses of the members from the document OR insert the letters "MGRM" beside their names and addresses to indicate they are serving in the capacity of a managing member.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 408A00056261