

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000042569

1. Entity Name
BLYTHEWOOD, LLC



Principal Place of Business
9600 OVERSEAS HIGHWAY, L-7
KEY LARGO, FL 33037 US

Mailing Address
7555 BRIDLESPUR LANE
DELAWARE, OH 43015 US

FILED

2009 NOV 13 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

09112009 REIN-LLC CR2E101 (1/07)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHARD B. WARREN, P.A.
1555 PALM BEACH LAKES BLVD.
SUITE 1006
WEST PALM BEACH, FL 33401

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

FILE NOW!!! FEE IS \$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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHEPER, LESLIE
7555 BRIDLESPUR LANE
DELAWARE, OH 43015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200162646632
11/09/09--01059--022 **\$277.50

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHEPER, MICHAEL
7555 BRIDLESPUR LANE
DELAWARE, OH 43015 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WAHL, TIMOTHY L
14707 JUNE WASHAM ROAD
DAVIDSON, NC 28036 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WAHL, KAY ANN
14707 JUNE WASHAM ROAD
DAVIDSON, NC 28036 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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 #

11-6-9 954-214-7600