

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000055743

1. Entity Name
HIDDEN COVE, LLC



FILED

2009 MAY -4 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1460 SOUTH MCCALL ROAD, SUITE 2-A
ENGLEWOOD, FL 34223

Mailing Address
1460 SOUTH MCCALL ROAD, SUITE 2-A
ENGLEWOOD, FL 34223

2. Principal Place of Business - No P.O. Box #
7092 Placida Road
Suite, Apt. #, etc.

3. Mailing Address
7092 Placida Road
Suite, Apt. #, etc.



02042009 REIN-LLC CR2E101 (1/07)

City & State
Cape Haze, FL
Zip
33946
Country

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Cape Haze, FL
Zip
33946
Country

4. FEI Number
26-0280899
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GUNDERSON, MIKO P ESQ.
18501 MURDOCK CIRCLE, SUITE 101
PORT CHARLOTTE, FL 33948-1067

7. Name and Address of New Registered Agent

Name
Dean L. Beckstead
Street Address (P.O. Box Number is Not Acceptable)
7092 Placida Road
Cape Haze, FL Zip Code 33946

8. The above named entity submits this statement for the purpose of changing its registered office of 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)

4/28/09
DATE

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Dean L. Beckstead
7092 Placida Road
Cape Haze, FL 33946 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Garfield R. Beckstead
7092 Placida Road
Cape Haze, FL 33946 ☐ Delete

TITLE
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CITY-ST-ZIP
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10. ADDITIONS/CHANGES

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

100148972831
04/07/09--01030--015 **\$377.50

REINSTATEMENT

08-09

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 #

4/28/09 941-697-7207