


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000057951	
1. Entity Name RICHARD A. MINNICK, LLC	

Principal Place of Business 17300 PRITCHETT PARKWAY N FT MYERS, FL 33917	Mailing Address 17300 PRITCHETT PARKWAY N FT MYERS, FL 33917
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
MINNICK, RICHARD A 17300 PRITCHETT PARKWAY N FT MYERS, FL 33917	

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 <u>Richard A. Minnick</u>	(NOTE: Registered Agent signature required when reinstating)	DATE <u>7-10-09</u>

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MINNICK, RICHARD A 17300 PRITCHETT PARKWAY N FT MYERS, FL 33917	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Joseph Cooper 4635 Rockwood Circle Ft. Myers, FL 33903
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	800158423648 07/13/09--01066--004 **277.50
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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: <u>Richard A Minnick</u>	DATE: <u>7-10-09</u>

FILED

2009 JUL 14 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07102009 REIN-LLC CR2E101 (1/07)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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

REINSTATEMENT 08-09

CR 7-15-09