2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000084058

1. Entity Name
8804 66TH STREET NORTH, LLC

9/26/08

FILED
09 Feb 02 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01052009 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
549 BROADWAY DUNEDIN, FL 34698	549 BROADWAY DUNEDIN, FL 34698

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1 Aspen Drive	1 Aspen Drive
Suite, Apt. #, etc.: #85	Suite, Apt. #, etc.: #85
City & State: Loveland, CO	City & State: Loveland CO
Zip: 80538 Country: USA	Zip: 80538 Country: USA

4. FEI Number: 26-0750309 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEELER, MARY SUE
25 SECOND STREET NORTH
SUITE 320
ST. PETERSURG, FL 33701-3362

7. Name and Address of New Registered Agent

Name: Steven A. Schroeder
Street Address (P.O. Box Number is Not Acceptable): 549 Broadway
City: Dunedin FL Zip Code: 24698

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: X Steve Schroeder MGRM January 5, 2009
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $377.50

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Steve Schroeder 1 Aspen Dr #85 Loveland, Co 80538 ☐ 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 000140139040 01/09/09--01038--027 **382.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition CWS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete REINSTATEMENT	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2008 - 2009
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition mp 2/2/09
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: X Steve Schroeder MGRM January 5, 2009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #