

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 OCT 28 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10242008 REIN-LLC CR2E101 (1/07)

4. FEI Number **26-3273944** Applied For ☐ Not Applicable ☐

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

DOCUMENT # L07000101369
1. Entity Name
EXSEQUOR LLC



Principal Place of Business
101 PRINCEWOOD LN.
PALM BEACH GARDENS, FL 33410 US

Mailing Address
PO BOX 32036
PALM BEACH GARDENS, FL 33420

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

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

6. Name and Address of Current Registered Agent
BIERMANN, GUY A
451 BOWDOIN CIR.
SARASOTA, FL 34236

7. Name and Address of New Registered Agent
Name **BIERMANN, GUY A.**
Street Address (P.O. Box Number is Not Acceptable) **101 PRINCEWOOD LANE**
City **PALM BEACH GARDENS FL** Zip Code **33410**

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 *Hal Biermann* (NOTE: Registered Agent signature required when reinstating) DATE **10/24/08**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIERMANN, HAL G 800 IRONWOOD DR. UNIT. # 817 PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROCKS, KRISTEN 451 BOWDOIN CIR SARASOTA, FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Hal Biermann* 10-24-2008 561-398-1568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #