

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000109791

1. Entity Name
YANKEE FLYBOY, LLC



FILED

2009 MAR 25 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2020 KAPREE COURT
WINTER HAVEN, FL 33884

Mailing Address
2020 KAPREE COURT
WINTER HAVEN, FL 33884

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

02172009 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

7. Name and Address of New Registered Agent

PECK, MELVIN H
2020 KAPREE COURT
WINTER HAVEN, FL 33884

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 MELVIN H. PECK

Signature, typed or printed name of registered agent and see if applicable.

M. H. Peck

(NOTE: Registered Agent signature required when reinstating)

3/11/05

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 MGR
NAME MELVIN H. PECK
STREET ADDRESS 2020 KAPREE CT.
CITY-ST-ZIP WINTER HAVEN, FL 33884

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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: M. H. Peck MELVIN H. PECK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/11/05 863325-8580

Date

Daytime Phone #

REINSTATEMENT 08/09
AL