

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000026620

**FILED**  
**Oct 11, 2012**  
**Secretary of State**

**Entity Name:** HOME TEAM PROPERTIES OF FLORIDA, LLC

**Current Principal Place of Business:**

8144 NEW JERSEY BLVD  
FORT MYERS, FL 33967 US

**New Principal Place of Business:**

1649 LLEWELLYN DR  
FORT MYERS, FL 33967 US

**Current Mailing Address:**

8144 NEW JERSEY BLVD  
FORT MYERS, FL 33967 US

**New Mailing Address:**

1649 LLEWELLYN DR  
FORT MYERS, FL 33901 US

**FEI Number:** 33-1207558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORDELL, WALLY V CPA  
8144 NEW JERSEY BLVD  
FORT MYERS, FL 33967 US

**Name and Address of New Registered Agent:**

LARSON, CHRISTOPHER M  
1649 LLEWELLYN DR  
FORT MYERS, FL 33901 US

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.

SIGNATURE: CHRISTOPHER M LARSON

10/11/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LARSON, CHRISTOPHER M  
Address: 1649 LLEWELLYN DR  
City-St-Zip: FORT MYERS, FL 33901 US

Title: MGR  
Name: VAUGHAN, CORWYN  
Address: 14123 W. CRESTWICK DR.  
City-St-Zip: JACKSONVILLE, FL 32218 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTOPHER M LARSON

MGRM

10/11/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date