

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000066288

FILED  
Nov 06, 2009  
Secretary of State

Entity Name: VAN PELT ENTERPRISES LLC

**Current Principal Place of Business:**

1401 SURFBIRD COURT  
PUNTA GORDA, FL 33950 US

**New Principal Place of Business:**

**Current Mailing Address:**

1401 SURFBIRD COURT  
PUNTA GORDA, FL 33950 US

**New Mailing Address:**

FEI Number: 26-2953384      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SCHLEIF, MARK E  
1401 SURFBIRD COURT  
PUNTA GORDA, FL 33950 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: MARK SCHLEIF

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHLEIF, MARK E  
Address: 1401 SURFBIRD COURT  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGRM ( ) Delete  
Name: SCHLEIF, JOYCE E  
Address: 1401 SURFBIRD COURT  
City-St-Zip: PUNTA GORDA, FL 33950 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARK SCHLEIF

MGRM

11/06/2009

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