

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000098697

**FILED**  
**Oct 22, 2009**  
**Secretary of State**

**Entity Name:** DREAMSCAPES OF LEE COUNTY LLC

**Current Principal Place of Business:**

9810 N. HEALTHPARK CR.  
101  
FT MYERS, FL 33908 US

**New Principal Place of Business:**

4280 CLEVELAND AVE  
B  
FT MYERS, FL 33901 US

**Current Mailing Address:**

9810 N. HEALTHPARK CR.  
101  
FT MYERS, FL 33908 US

**New Mailing Address:**

4280 CLEVELAND AVE  
B  
FT MYERS, FL 33901 US

**FEI Number:** 26-3570995

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANKLIN, ADAM R  
9810 N. HEALTHPARK CR.  
101  
FT MYERS, FL 33908 US

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

FRANKLIN, ADAM R  
6749 FAIRVIEW ST  
101  
FT MYERS, FL 33966 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: ADAM FRANKLIN

10/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FRANKLIN, ADAM R  
Address: 9810 N. HEALTHPARK CR. 101  
City-St-Zip: FT MYERS, FL 33908 US

Title: MGRM ( ) Delete  
Name: MARINELLO, CHARLES S JR.  
Address: 9810 N. HEALTHPARK CR. 101  
City-St-Zip: FT MYERS, FL 33908 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FRANKLIN, ADAM R  
Address: 6749 FAIRVIEW ST  
City-St-Zip: FT MYERS, FL 33966 US

Title: MGRM (X) Change ( ) Addition  
Name: MARINELLO, CHARLES S JR.  
Address: 15042 BONAIRE CIRCLE  
City-St-Zip: FT MYERS, FL 33908 US

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: ADAM FRANKLIN

MM

10/22/2009

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