

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000037465

**FILED**  
**Oct 19, 2011**  
**Secretary of State**

**Entity Name:** M. FUNKE OFFICE MANAGEMENT, LLC.

**Current Principal Place of Business:**

305 PARK SHORE DRIVE #244  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

305 PARK SHORE DRIVE #244  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 39-1243575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FUNKE, MARY ELIZABETH  
305 PARK SHORE DRIVE #244  
NAPLES, FL 34103 US

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

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: MARY ELIZABETH FUNKE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FUNKE, MARY E  
Address: 305 PARK SHORE DRIVE #244  
City-St-Zip: NAPLES, FL 34103

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: MARY ELIZABETH FUNKE

MGR

10/19/2011

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