

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000079713

**FILED**  
**Oct 24, 2011**  
**Secretary of State**

**Entity Name:** CALOOSA PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

1323 FRONTIER CIRCLE  
LABELLE, FL 33935 US

**New Principal Place of Business:**

**Current Mailing Address:**

1323 FRONTIER CIRCLE  
LABELLE, FL 33935 US

**New Mailing Address:**

**FEI Number:** 27-3191728

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEGSCHEID, SUSAN  
1323 FRONTIER CIRCLE  
LABELLE, FL 33935 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:** SUSAN WEGSCHEID

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** WEGSCHEID, SCOTT  
**Address:** 1323 FRONTIER CIRCLE  
**City-St-Zip:** LABELLE, FL 33935 US

**Title:** MGRM  
**Name:** WEGSCHEID, SUSAN  
**Address:** 1323 FRONTIER CIRCLE  
**City-St-Zip:** LABELLE, FL 33935 US

**Title:** MGRM  
**Name:** O'FERRELL, WENDY  
**Address:** 1323 FRONTIER CIRCLE  
**City-St-Zip:** LABELLE, FL 33935 US

**Title:** MGRM  
**Name:** O'FERRELL, WESLEY  
**Address:** 1323 FRONTIER CIRCLE  
**City-St-Zip:** LABELLE, FL 33935 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:** SCOTT WEGSCHEID

MGRM

10/24/2011

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