

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2019 MAY -3 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # L11000025801

1. Limited Liability Company's Name

Ella Wayne Properties, LLC

20082928802
05/08/19--01007--007 *\$55.00

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

4346 SW 19th Place

Suite, Apt #, etc

3. Mailing Office Address

4346 SW 19th Place

Suite, Apt #, etc

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

3/01/2011

6. FEI Number

27-5343099

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

City & State

Cape Coral, Florida

City & State

Cape Coral, Florida

Zip

33914

Country

Zip

33914

Country

8. Name and Address of Current Registered Agent

Name

John Chambon

Street Address (P.O. Box Number is Not Acceptable) Suite,

4346 SW 19th Place

Apt #, Etc

City

Cape Coral,

State

FL

Zip Code

33914

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/2/19

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	John Chambon	4346 SW 19th Place	Cape Coral, Florida 33914

11. E-mail Address

JC5234@aol.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

4/2/19

Daytime Phone #

(703) 346-8352

Typed or printed name of signing authorized representative/member

John T. Chambon