

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000061142

Entity Name: RM PT PROPERTIES LLC

**FILED**  
**Oct 18, 2013**  
**Secretary of State**

## **Current Principal Place of Business:**

2590 NORTHBROOKE PLAZA DR  
107  
NAPLES, FL 34119

## **New Principal Place of Business:**

2546 NORTHBROOKE PLAZA DRIVE  
NAPLES, FL 34119

## **Current Mailing Address:**

2590 NORTHBROOKE PLAZA DR  
107  
NAPLES, FL 34119

## **New Mailing Address:**

2546 NORTHBROOKE PLAZA DRIVE  
NAPLES, FL 34119

FEI Number: 45-2393299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TAX & FINANCIAL STRATEGISTS LLC  
28089 VANDERBILT DRIVE  
201  
BONITA SPRINGS, FL 34134 US

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

CAMEJO, ALEXANDER  
3301 BONITA BEACH RD  
306  
BONITA SPRINGS, FL 34134 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: ALEXANDER CAMEJO

10/18/2013

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BETLACH, MICHAEL  
Address: 430 CYPRESS WAY EAST  
City-St-Zip: NAPLES, FL 34110

Title: MGRM  
Name: SENKARIK, RYAN  
Address: 496 SADDLEBROOK LANE  
City-St-Zip: NAPLES, FL 34110

Title: MGRM  
Name: BETLACH, DARLA  
Address: 430 CYPRESS WAY EAST  
City-St-Zip: NAPLES, FL 34110

Title: MGRM  
Name: SENKARIK, SAMANTHA  
Address: 496 SADDLEBROOK LANE  
City-St-Zip: NAPLES, FL 34110

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: MICHAEL BETLACH

MGRM

10/18/2013

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