


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT 2015-2016		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L13000178343			
1. Limited Liability Company's Name  Eagle Venture's, LLC			
2. Principal Office Address - No P.O. Box # 4702 Gulf Breeze Parkway  Suite Apt. #, etc		3. Mailing Office Address 316 Tipperary Way  Suite Apt. #, etc	
City & State Gulf Breeze, Florida		City & State Niceville, Florida	
Zip 32563	Country USA	Zip 32578	Country USA
4. State/Country of Formation Florida / Okaloosa			
5. Date Organized or Qualified To Do Business in Florida December 31, 2013			
6. FEI Number 38-3922291			Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status			
8. Name and Address of Current Registered Agent Name Benjamin G. Schladenhauffen Street Address (P.O. Box Number is Not Acceptable) Suite 316 Tipperary Way Apt. #, Etc City Niceville State FL Zip Code 32578			
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 <u>B. Schladenhauffen</u> Date 2/11/2016 REGISTERED AGENT MUST SIGN			
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	Benjamin G. Schladenhauffen	316 Tipperary Way	Niceville, Florida 32578
MGRM	Kevin Gallagher	420 Martinique Cove	Niceville, Florida 32578
11. E-mail Address: sladef15@gmail.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 <u>B. Schladenhauffen</u> Date 2/11/2016 Daytime Phone # 850-803-8379 Typed or printed name of signing authorized representative/member Benjamin G. Schladenhauffen			

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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