

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000182518

1. Limited Liability Company's Name
8186 Gulf LLC

2. Principal Office Address - No P.O. Box #
7520 Excitement Dr.

Suite, Apt. #, etc.

City & State
Reunion FL

Zip
34747

Country

3. Mailing Office Address
7520 Excitement Dr.

Suite, Apt. #, etc.

City & State
Reunion FL

Zip
34747

Country

8. Name and Address of Current Registered Agent

Name
Steve Goldstein

Street Address (P.O. Box Number is Not Acceptable) Suite,
1532 Euston Dr.

Apt. #, Etc.

City
Reunion

State
FL

Zip Code
34747

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

11/2/16

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	Jeffrey S. Wallace	704 Highview Ave.	Glen Ellyn, IL 60137

11. E-mail Address: **jsw@bemwllc.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 **11/2/2016**

Daytime Phone #

630.696.0190

Typed or printed name of signing authorized representative/member: **Jeffrey S. Wallace**

FILED

16 NOV -8 PM 4:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **10/27/2015**

6. FEI Number
41-5430789

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status

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11/08/16--01011--028 **238.75**