


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L94000000134		
1. Entity Name HIDDEN CREEK VALLEY L.C.		

Principal Place of Business 19339 S.W. HIDDEN CREEK RD. BLOUNTSTOWN, FL 32424	Mailing Address 14962 BONAIRE CIR. FT. MYERS, FL 33908
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
2004 DEC -1 PM 2:15  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



10222004 REIN-LLC CR2E101 (6/04)

4. FEI Number  
59-3229829

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
BASSINE, ANNE T - 14962 BONAIRE CIRCLE FT. MYERS, FL 33908	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Anne T Bassine 11/21/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BASSINE, ANNE T 14962 BONAIRE CIR FT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700042319767 10/29/04--01073--004 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 04

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Anne T Bassine ANNE T. BASSINE 10-26-04-239482  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 6659