## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L98000003484

1. Entity Name REINHART, LLC

Principal Place of Business

1984 S COUNTY HWY 83 SANTA ROSA BEACH, FL 32459 Mailing Address

1984 S COUNTY HWY 83 SANTA ROSA BEACH, FL 32459

## FILED Feb 21, 2008 08:00 AN Secretary of State



02112008 No Chg-LLC

CR2E083 (12/07)

850-2**6**1<u>-4604</u>

Date

| <del>-</del>               | <br>\$5 |
|----------------------------|---------|
| . FEI Number<br>59-3549877 |         |
|                            | <br>    |

5. Certificate of Status Desired

\$5,00 Additional Fee Required

Applied For Not Applicable

6. Name and Address of Current Registered Agent

REINHART, AVILDA S 1984 S COUNTY HWY 83 SANTA ROSA BEACH, FL 32459

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| the obligat                                    | tions of registered agent.   |  |  |
|--|--|--|--|
| SIGNATURE                                      | Signature, typed or printed name of registered agent and bits it applicable      | (NOTE: Registered Agent signature required when reinstating)   | DATE   |
|  | NOW!!! FEE IS \$138.75<br>y 1, 2008 Fee will be \$538.75                         |  |  |
| 9.   | MANAGING MEMBERS/MANAGERS  |  | 14 15 17 18 18 18 18 18 18 18 18 18 18 18 18 18                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>REINHART, AVILDA S<br>1984 S COUNTY HWY 83<br>SANTA ROSA BEACH, FL 32459 |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | 02/2<br>\$**   | 00000833553<br>8/08-80019-001 138.75   |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  |  |
| indicated                                      | on this report is true and accurate and that my signature st                     | qualify for the exemptions contained in Chapter 119, Florida Statu<br>half have the same legal effect as if made under oath; that I am<br>cute this report as required by Chapter 608, Florida Statutes. | utes. I further certify that the information a managing member or manager of the |

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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