

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

DOCUMENT # L99000002402

1. Entity Name
CIRCO GROUP, L.L.C.



2004 OCT 26 AM 8 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W 11/12/04

Principal Place of Business
C/O MORGAN OLSEN AND OLSEN
315 NE THIRD AVE STE 200
FORT LAUDERDALE, FL 33301

Mailing Address
PO BOX 461206
PAPILLION, NE 68045-1205



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10212004 REIN-LLC CR2E101 (6/04)

City & State

City & State

4. FEI Number
91-2029484

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORGAN, WALTER
315 NE THIRD AVE STE 200
FORT LAUDERDALE, FL 33301

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
CIRCO, CHRISTOPHER W
10323 BROOKSIDE LANE
OMAHA, NE 68114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
300042186703
10/26/04--01055--001 **150.00 ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/21/04 402-593-7050

Date

Daytime Phone #