

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

2001
LIMITED LIABILITY
COMPANY



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 10 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005193

1. Limited Liability Company's Name

Due West, L. L. C.

300004777989--8

-01/16/02--01045--001

*****50.00 *****50.00

2. Principal Office Address c/o L.J. Poinsette Mailing Office Address

400 N. New York Ave.

c/o L.J. Poinsette

Suite, Apt. #, etc.

Suite 114

Suite, Apt. #, etc.

400 N. New York Ave.

400 N. New York Ave. Suite 114

City & State

Winter Park FL

City & State

Winter Park FL

Zip

32789

Country

USA

Zip

32789

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

August 18, 1999

6. FEI Number

59-3595536

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Leo J. Poinsette

Street Address (P.O. Box Number is Not Acceptable)

400 N. New York Ave., Suite 114

Suite, Apt. #, Etc.

Winter Park

City

State

FL

Zip Code

32789

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/23/01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Leo J. Poinsette	400 N. New York Ave. Suite 114	Winter Park FL 32789

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of
Managing Member/Manager

Date

10/23/01

Daytime Phone #

407.746.8747

Typed or printed name of signing Managing Member/Manager

Leo J. Poinsette

CR2E041 (9/01)

2 of 2

FILED

02 JAN 10 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 23, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Due West, LLC
Document Number: L99000005193

Enclosed you will find our check in the amount of \$50.00 to cover the annual report for the above referenced corporation. I have spoken to your office and was informed that the previous notices were returned to you by the post office. Since our address has not changed, I have no idea why this happened.

In the future, please mail all materials to:

Due West, L.L.C.
c/o L. J. Poinsette
400 N. New York Ave., Ste. 114
Winter Park, FL 32789

If you have any questions, please contact me at 407-740-8747. Thank you for your assistance.

Sincerely,



L.J. Poinsette

10/23/01 10:00 AM

10/23/01 10:00 AM