

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M00000002041

1. Entity Name
CAMACHO TWO, LLC.



FILED

2004 OCT 25 PM 4:29

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
6742 GULFPORT BLVD., STE 116
SOUTH PASADENA, FL 33707

Mailing Address
6742 GULFPORT BLVD., STE 116
SOUTH PASADENA, FL 33707

2. Principal Place of Business
1100 62nd Ave N

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10212004 REIN-LLC CR2E101 (6/04)

City & State
SEMINOLE FLORIDA

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
33772 Country
PINELLAS

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

HENDRICKS, RANDALL J
6742 GULFPORT BLVD., STE 116
SOUTH PASADENA, FL 33707

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 OMGR ☐ Delete
STREET ADDRESS HENDRICKS, R.J.
CITY-ST-ZIP 6742 GULFPORT BLVD., STE 116
SOUTH PASADENA, FL 33707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900042161579
CITY-ST-ZIP 10/25/04--01074--014 **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

REINSTATEMENT

2004

10/22/04 727 345 1407