


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # M04000005118</b> 1. Entity Name <b>S&amp;S DEVELOPERS AND PROPERTIES LLC</b>					
Principal Place of Business <b>5804 HUSS AVE</b> <b>CLEVELAND, OH 44105</b>		Mailing Address <b>5804 HUSS AVE</b> <b>CLEVELAND, OH 44105</b>			
2. Principal Place of Business <b>215 Wild Flower Ln</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 4165</b> Suite, Apt. #, etc.			
City & State <b>Persacola FL</b>		City & State <b>Persacola FL</b>		4. FEI Number <b>02-0728867</b>	
Zip <b>32504</b>		Country <b>United States</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SOUTHALL, MONTEZ K</b> <b>5861 PEACHTREE ST.</b> <b>MIAMI, FL 32570</b>		7. Name and Address of New Registered Agent Name <b>Montez K Southall</b> Street Address (P.O. Box Number is Not Acceptable) <b>215, Wild Flower Ln</b> City <b>Persacola</b> <b>FL</b> Zip Code <b>32514</b>			
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 <u><i>Montez K Southall</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <b>12-22-05</b>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2006, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>SOUTHALL, MONTEZ K</b> <b>5804 HUSS AVE</b> <b>CLEVELAND, OH 44105</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>215 Wild Flower Ln</b> <b>Persacola FL,</b> <b>32514</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>REINSTATEMENT 2005</b>					
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: <u><i>Montez K Southall</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <b>12-22-05</b> Daytime Phone #	

**FILED**

**05 DEC 22 PM 3:01**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



12222005 REIN-LLC CR2E101 (6/04)

4. FEI Number 02-0728867 Applied For Not Applicable

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

Name **Montez K Southall**  
 Street Address (P.O. Box Number is Not Acceptable)  
**215, Wild Flower Ln**  
 City **Persacola** **FL** Zip Code **32514**

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SIGNATURE *Montez K Southall* (NOTE: Registered Agent signature required when reinstating) DATE **12-22-05**

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2006, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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CITY-ST-ZIP  
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**SOUTHALL, MONTEZ K**  
**5804 HUSS AVE**  
**CLEVELAND, OH 44105**

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SIGNATURE: *Montez K Southall*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **12-22-05** Daytime Phone #