

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 NOV 12 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10272008 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-4176887

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

URBANCIC, GREGORY L ESQ.
GOODLETTE, COLEMAN & JOHNSON, P.A.
4001 TAMIAMI TRAIL N. #300
NAPLES, FL 34103

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MCKAY, DANIEL
1000 JORIE BLVD., SUITE 44
OAK BROOK, IL 60523 ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition
200137794983
11/10/08--01057--007 **138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: DANIEL MCKAY 11-4-08 630-990-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #