

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 DEC 23 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M06000005748



1. Entity Name
THE ROBERT F. AND KATHLEEN L. SMITH FAMILY LLC
IV

Principal Place of Business
1000 TARPON CENTER DRIVE APT. 505
VENICE, FL 32475

Mailing Address
1000 TARPON CENTER DRIVE APT. 505
VENICE, FL 32475

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12162008 REIN-LLC CR2E101 (1/07)

4. FEI Number
65-1273845

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

SMITH, ROBERT F
1000 TARPON CENTER DRIVE APT. 505
VENICE, FL 32475

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

Robert F. Smith

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Dec 19, 2008

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
SMITH, ROBERT F
1000 TARPON CENTER DRIVE APT. 505
VENICE, FL 32475

☐ Delete

TITLE
NAME
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CITY- ST- ZIP

☐ Change ☐ Addition

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12/22/08--01037--012 **143.75

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☐ Change ☐ Addition

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:

Robert F. Smith

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

Date

Daytime Phone #

Dec 19, 2008

1-941-
488-9276

REINSTATEMENT
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