

2002-2003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY

WBR



## FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 APR 10 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000237

1. Limited Liability Company's Name

INDEPENDENT DEVELOPMENT COMPANY, LLC

2. Principal Office Address

837 NORTH GARLAND AVENUE

Suite, Apt. #, etc.

City &amp; State

ORLANDO, FL

Zip

32801

Country

USA

3. Mailing Office Address

204 E. 17TH STREET

Suite, Apt. #, etc.

SUITE 202

City &amp; State

COSTA MESA, CA

Zip

92627

Country

USA

4. State/Country of Formation

WASHINGTON

5. Date Organized or Qualified  
To Do Business in Florida

MARCH 10, 1998

6. FEI Number

91-1883547

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

DECUBELLIS &amp; MEEKS PROFESSIONAL ASSOCIATION

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

837 NORTH GARLAND AVENUE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32801

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

4/4/03

## 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
MGRM	JIMMIE D. WILLIAMS	204 E. 17TH STREET, SUITE	COSTA MESA, CA 92627
MGRM	RICHARD A. GUMPERT	742 1ST STREET SOUTH	KIRKLAND, WA 98033
MGRM	STEVEN L. GUMPERT	204 E. 17TH STREET, SUITE 202	COSTA MESA, CA 92627

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

Steven L. Gumpert

Date

4-1-03

Daytime Phone #

(949) 764-2669

Typed or printed name of signing Managing Member/Manager

CR2ED41 (9/00)