

DIVISION OF CORPORATIONS

LD7000014937
Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : LEGALZOOM.COM INC.
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**LIMITED LIABILITY REINSTATEMENT
A D PROPERTY LLC**

Certificate of Status	0
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C. LEWIS
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August 6, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

A D PROPERTY LLC
335 VIA DEL SOL DRIVE
DAVENPORT, FL 33896US

SUBJECT: A D PROPERTY LLC
REF: L07000014937

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

The document number of the name conflict is L03000009502 (A & D PROPERTIES, LLC).

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

FAX Aud. #: H10000176182
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18506176383

FROM Barbara Dang

DATE 8/20/2010 12:03:01 PM PDT

RE FL Reinstatement/Amendment, LZ order #8705334

COVER MESSAGE


Barbara Dang | Special Filings Specialist
323.962.8600 x217 | Fax 323.962.8300 |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L07000014937 1. Limited Liability Company's Name <h1 style="text-align: center;">A D PROPERTY LLC</h1>			
2. Principal Office Address - No P.O. Box # 205 Sunward Run Suite, Apt. #, etc.		3. Mailing Office Address 205 Sunward Run Suite, Apt. #, etc.	
City & State DAVENPORT		City & State DAVENPORT	
Zip 33896	Country USA	Zip 33896	Country USA
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 02/09/2007	
6. FEI Number 20-8476612		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			
8. Name and Address of Current Registered Agent Name UNITED STATES CORPORATION AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 13302 WINDING OAKS BLVD Suite, Apt. #, Etc. SUITE A-100 City TAMPA			
State FL		Zip Code 33612	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent <u>Jake Varghese, Vice-President on behalf of UNITED STATES CORPORATION AGENTS, INC.</u> Date <u>8/18/2010</u> REGISTERED AGENT MUST SIGN			
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
MGR	DIVA R MEJIAS	205 Sunward Run	Davenport, FL 33896
MGR	ANIBAL MEJIAS	205 Sunward Run	Davenport, FL 33896
REINSTATEMENT - 08-10			
11. E-mail Address: <u>divamejias@aol.com</u> (To be used for future annual report notifications)			
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 606, 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 606.406, 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 <u>Diva R Mejias</u>		Date <u>8/11/10</u>	Daytime Phone # <u>402-850-8830</u>
Typed or printed name of signing Managing Member/Manager DIVA R MEJIAS			

C-L