

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L07000109278**

1. Limited Liability Company's Name

**1536 Flagler Development, LLC**

2. Principal Office Address - No P.O. Box #

**4849 Lakeshore Drive West**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 8069**

Suite, Apt. #, etc.

City & State

**Orange Park, FL**

City & State

**Fleming Island, FL**

Zip

**32003**

Country

**USA**

Zip

**32006**

Country

**USA**

8. Name and Address of Current Registered Agent

Name  
**Hunt, Steven R.**

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

**4849 Lakeshore Drive West**

Suite, Apt. #, Etc.

City

**Orange Park**

State

**FL**

Zip Code

**32003**

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

*Steven R. Hunt*  
REGISTERED AGENT MUST SIGN

Date **09-17-2010**

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	Flagler Development Group of Jacksonville, LLC	P.O. Box 8069	Fleming Island, FL 32006-8069

**REINSTATEMENT**

**2009-10**

*W*

**S. HAWKES**

**S. HAWKES**

**OCT 11 2010**

**EXAMINER**

**EXAMINER**

11. E-mail Address:

(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 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 R. Hunt*

Date **09-17-2010**

Daytime Phone # **904-269-6242**

Typed or printed name of signing Managing Member/Manager **Steven R. Hunt**

**FILED**  
**10 OCT 11 PM 3:31**  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (05/10)

4. State/Country of Formation

**Florida, USA**

5. Date Organized or Qualified  
To Do Business in Florida

**10/29/2007**

6. FEI Number

**26-1353659**

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**700185759137**  
**09/22/10--01041--011 \*\*377.50**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 24, 2010

1536 FLAGLER DEVELOPMENT, LLC  
PO BOX 8069  
FLEMING ISLAND, FL 32006

SUBJECT: 1536 FLAGLER DEVELOPMENT, LLC  
Ref. Number: L07000109278

We have received your document for 1536 FLAGLER DEVELOPMENT, LLC and your check(s) totaling \$377.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 310A00022742