

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

02 NOV 13 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000005361

Name and Mailing Address

0005775 01 FP 0.352 **PRSRT T8 0 0615 34215-256307



BECKHAM PARTNERS, L.L.C.
12907 YACHT CLUB PLACE
CORTEZ FL 34215-2563

200008946652
11/13/02--01008--010 **150.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

12907 YACHT CLUB PLACE
CORTEZ FL 34215-2563

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

05/10/2000

6. FEI Number

65-1007636

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

BECKHAM, LEWIS S
12907 YACHT CLUB PLACE
CORTEZ FL 34215-2563

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

11-4-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BECKHAM, JACQUELYN	12907 YACHT CLUB PLACE	CORTEZ FL 34215-2563
MGR	BECKHAM, LEWIS S	12907 YACHT CLUB PLACE	CORTEZ FL 34215-2563
MGR	ERICKSON, JENNIFER B	408 118TH AVE SE APT. 21	BELLEVUE WA 98004

REINSTATEMENT

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

Date

11-6-02

Daytime Phone #

941-794-1575

Typed or printed name of signing Managing Member/Manager