

L00000012073

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 13 AM 8:59

10/20

DOCUMENT # L00000012073

1. Limited Liability Company's Name

ADAGIO, LLC

REINSTATEMENT 2002-2003

2. Principal Office Address

417 Porpoise Point Drive

Suite, Apt. #, etc.

City & State

St. Augustine, Florida

Zip

32084

Country

USA

3. Mailing Office Address

417 Porpoise Point Drive

Suite, Apt. #, etc.

City & State

St. Augustine, Florida

Zip

32084

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

10/04/2000

6. FEI Number

59-3679936

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

Randall L. Marker

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

50 North Laura Street

Suite, Apt. #, Etc.

Suite 2150

City

Jacksonville

State  
FL

Zip Code  
32202

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

*Randall L. Marker*

Date 10/03/03

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
MGRM	Susan J. Garner	417 Porpoise Point Drive	St. Augustine, Florida 32084
MGRM	Timothy W. Davis	1111 Crandon Blvd., #B502	Key Biscayne, FL 33149
	As Personal Representatives of the	estate of Robert A. McCormack,	deceased.
		2002-2003	
	REINSTATEMENT		

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

*Susan J. Garner*

Date 10/03/03

Daytime Phone# (904) 808-8488

Typed or printed name of signing Managing Member/Manager

Susan J. Garner and Timothy W. Davis, as Personal Representative

of the estate of Robert A. McCormack, deceased, Managing Members

CR2E041 (10/02)