

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000008663

1. Limited Liability Company's Name

SANKEY PROPERTIES, L.L.C.

2. Principal Office Address - No P.O. Box #
4040 Embassy Parkway

Suite, Apt. #, etc.
Suite 100

City & State
Akron, OH

Zip
44333

Country
USA

3. Mailing Office Address
4040 Embassy Parkway

Suite, Apt. #, etc.
Suite 100

City & State
Akron, OH

Zip
44333

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 05/29/2001

6. FEI Number
26-6304504

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
HL Statutory Agent, Inc.

Street Address (P.O. Box Number is Not Acceptable)
800 Laurel Oak Drive, Suite 600

Suite, Apt. #, Etc.

City
Naples

State Zip Code
FL 34108

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Date

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	James Sankey	4040 Embassy Parkway, Suite 100	Akron, OH 44333
	S. HAWKES		
	FEB 12 2009		
	EXAMINER		
	REINSTATE		
	2007-09		

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in the laws of the State of Florida. 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

Daytime Phone#

Typed or printed name of signing Managing Member/Manager James Sankey

FILED
FEB 10 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

600143030376
02/06/09--01044--013 **521.25

EXAMINER
2009

S. HAWKES



Valerie Lord Bourke

Sender's Direct Dial: 239.254.2921

Sender's Direct Fax: 239.592.7716

Email: vbourke@hahnlaw.com

VIA FIRST CLASS U.S. MAIL

Division of Corporations
Florida Department of State
PO Box 6327
Tallahassee, FL 32314

February 2, 2009

Re: Sankey Properties, L.L.C. L01000008663

Gentlemen:

Enclosed please find a Limited Liability Company Reinstatement for Sankey Properties, L.L.C. Please file it in your usual manner and provide me with a Certificate of Status for this entity. I have enclosed a check for \$521.25, representing the applicable fee for reinstatement and for a Certificate of Status.

Please do not hesitate to contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Valerie Lord Bourke", written over a large, loopy initial "V".

Valerie Lord Bourke
Paralegal

VLB/
Enclosures

cc: Alan J. Tobin, C.P.A., J.D.