

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000013000

LIMITED LIABILITY COMPANY
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 29 AM 9:53

DOCUMENT # **L01000013000**

1. Limited Liability Company's Name

Smugglers Cove Management LLC

2. Principal Office Address

5664 East Hwy 98

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Parker, FL.

City & State

Zip

32404

Country

Bay

Zip

Country

4. State/Country of Formation

FLA

5. Date Organized or Qualified To Do Business in Florida

8/2/01

6. FILING STATUS

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

WAYNE E DAHL D.C.

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

5664 E. Hwy 98

Suite, Apt. #, Etc.

City

Parker FL.

State

FL

Zip Code

32404

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

Wayne E Dahl D.C.
REGISTERED AGENT MUST SIGN

Date **5/29/03**

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

Wayne E Dahl D.C. **7699 Hwy 65** **Mpls., MN 55432**

600020250666
05/23/03--01037--001 **2900.00

REINSTATEMENT

02-03
Dec

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

Wayne E Dahl D.C.

Date **5/29/03**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

WAYNE DAHL D.C.