

L02000001414

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 13 AM 9:04

DOCUMENT # L02000001414

1. Limited Liability Company's Name

SALSIPUEDES, LLC

REINSTATEMENT

2003

300023750013
10/13/03--01062--017 **180.00

2. Principal Office Address

417 Porpoise Point Drive

Suite, Apt. #, etc.

3. Mailing Office Address

417 Porpoise Point Drive

Suite, Apt. #, etc.

City & State

St. Augustine, Florida

City & State

St. Augustine, Florida

Zip

32084

Country

USA

Zip

32084

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

01/17/02

6. FEI Number

02-0540416

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, Florida 33149
	As Personal Representatives of the	estate of Robert A. McCormack,	deceased.
MGRM	Timothy W. Davis	1111 Crandon Blvd., #B502	Key Biscayne, FL 33149
	REINSTATEMENT	2003	

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 Representatives of the estate of

Robert A. McCormack, deceased, Managing Members

CR20041 (10/02)