

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000015802

1. Entity Name  
BAYSHORE PROPERTY ONE, LLC



Principal Place of Business  
450 BAYSHORE DR  
TERRA CEIA, FL 34250

Mailing Address  
P.O. BOX 268  
TERRA CEIA, FL 34250

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

6. Name and Address of Current Registered Agent  
CHAPIN, MARK  
450 BAYSHORE DR.  
TERRA CEIA, FL 34250

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After January 1, 2009, Fee will be \$277.50**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAPIN, MARK P.O. BOX 268 TERRA CEIA, FL 34250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mark Chapin 10.7.08 841-56060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED  
08 OCT 15 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10032008 REIN-LLC CR2E101 (1/07)

4. FEI Number  
54-2065656

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

300136867013  
10/13/08 01027 013 \*\*138.75

REINSTATEMENT  
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