| 1 | TED LIA LIZATIONI ANY INSTATEMENT | EFAD | | Secretary of Sta | | 5-4 | 2 PM 2: 39 | RM. | | |
|---|--|------------------|--|---------------------------------|---|--|--|--|------------------------|--|
| DOCUMENT # L02000017290 1. Limited Liability Company's Name Miles Group Sarasota, LLC | | | | | | | SEORGTARY OF STATE ALLAHASSEE FLORIDA | | | |
| 680 Golden Gate Point 680 Suite, Apt. #, etc Suite, A City & State City & S | | | 680 Go Suite, Apt. # City & State | Office Address 1den Gate , etc | Point | 4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 7/10/02 6. FEI Number 41-2116035 7. CERTIFICATE OF STATUS DESIRED St.00 Additional Fee required for a Certificate of Status | | | | |
| 8. Name and Address of Current Registered Agent Name Mark S. Schecter Street Address (P.O. Box Number is Not Acceptable) 100 NE 3rd Ave, Suite 858 Suite, Apt. #, Etc. City Fort Lauderdale 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 / | | REG | ISTERED AG | ENT MUST SIGN | | | Date 1921/by | | CR2E011 (1000) | |
| Titles MGR | Name of Managing Members/Managers Michael T. Miles | | Street Address of Each Managing Member/Managing Member/Managin | | | | 6 | | | |
| | | | , |) | STAT | | | 10 | | |
| filing thi all fees as if ma Signature of Managing Mi | that I am managing mems reinstatement application owed by the limited liability ade under oath. ember/Manager | the reason for a | solution has been paid. The | See eliminated, the lim | ited liability compa n this application is Date | iny name satisfies s true and accura | d for in chapter 608, F.S. the requirements of sective, and my signature shall aytime Phone# | ion 608.406, F.S., have the same le | and that gal effect | |

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