

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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LIMITED LIABILITY
COMPANY

2006



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

2006

DOCUMENT #

LO20000020731

1. Limited Liability Company's Name

MERLIN MANAGEMENT (FL) LLC

2. Principal Office Address

1453 SERENITY CIRCLE

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34110

Country

USA

3. Mailing Office Address

1453 SERENITY CIRCLE

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34110

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

8/12/02

6. FEI Number

743057299

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

THOMAS MERLINO

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

1453 SERENITY CIRCLE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34110

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

Thy Merlino

REGISTERED AGENT MUST SIGN

Date 7/6/06

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
PRES/ SEC	THOMAS MERLINO	1453 SERENITY CIRCLE	NAPLES, FL 34110

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

Thy Merlino

Date 7/6/06

Daytime Phone #

239-596-4654

Typed or printed name of signing Managing Member/Manager