

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

05 MAR -2 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDALIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000023855

1. Limited Liability Company's Name

EAGLE 834 LLC

REINSTATEMENT

2003-
20052. Principal Office Address
12620-3 BEACH BLVD3. Mailing Office Address
12620-3 BEACH BLVDSuite, Apt. #, etc.
STE 319Suite, Apt. #, etc.
STE 319City & State
JACKSONVILLE, FLCity & State
JACKSONVILLE, FLZip
32246

Country

Zip
32246

Country

4. State/Country of Formation
FLORIDA5. Date Organized or Qualified
To Do Business in Florida 09/13/2002

6. FEI Number 61-1425225

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
A1A Registered Agent Inc.Street Address (P.O. Box Number is Not Acceptable)
92 Sadberry Road

Suite, Apt. #, Etc.

City
QuincyState
FLZip Code
32351

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 Paul Smith Paul Smith V.P.Date 3-01-05

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JIM HEFFERNAN	3751 PLANTERS CREEK CIR. W.	JACKSONVILLE FL 32224
MGRM	CHERYL ANDERSON	3751 PLANTERS CREEK CIR. W.	JACKSONVILLE FL 32224
MGRM	LYNN KNOWLES	1985 LOGGING LANE	JACKSONVILLE FL 32221

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 [Signature] Date 2-22-05 Daytime Phone# 904 891 2856

Typed or printed name of signing Managing Member/Manager

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A1A#CORPORATE#SERVICES

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DATE: 02-22-2005

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

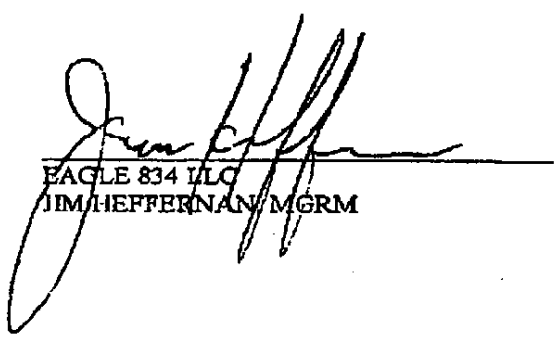
FROM: EAGLE 834 LLC
JIM HEFFERNAN

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALT

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 904 891 2856

THANKS,



EAGLE 834 LLC
JIM HEFFERNAN/ MGRM

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Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

LIMITED LIABILITY REINSTATEMENT

EAGLE 834 LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$250.00

8150.00

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