PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

1. DOCUMENT #

Name and Mailing Address

L02000028870

FILED 04 MAY 19 PM 12: 43 SECRETARY OF STATE TALLAHASSEE, FLORIDA

0017103 01 FP 0.352 **PRSRT T3 0 0615 32082

45 VILLAGE WALK

change Rec. Crestion, Lic

PONTE VEDRA BEACH FL 32082



2. New Mailing Address 4. State/Country of Formation
- Rec-Greation - LLC - 45 Village Walk FL
City. State, Zip State, Zip State Organized or Qualified To Do Business in Florida 10/29/2002.
Principal Place of Business 45 VILLAGE WALK PONTE VEDRA REACH EL 32082 3. New Principal Place of Business Address 11-3661433 Not Applied Fo
PONTE VEDRA BEACH FL 32082 City, State, Zip 7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee rectificate of States of
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent
LARSEN, ERIK 45 VILLAGE WALK PONTE VEDRA BEACH FL 32082 Street Address (P.O. EDIDIZES 1846 05/19/04-01058-012-**/5-00-
City FL Zip Code
10. 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 Date 1.29.11 REGISTERED AGENT MUST SIGN 11. Names and Street Addresses of Each Managing Member/Manager
Name of Managing Street Address of Each
Title(s) Members/Managers Managing Member/Manager City / State / Zip
MGRM LARSEN, ERIK 45 VILLAGE WALK PONTE VEDRA BEACH FL 32082
600028657846 02/12/0401032013 **150.00
12. 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 with 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
all fees owed by the limited liability company halfs been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal eas if made under oath.
Signature of Managing Member/Manage SIGNIFIDE REQUIRED Date 10:13:03 Daytime Phone # 904 285 3960 Typed or printed name of signing Managing Member/Manager Erik T. Larsen