


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000007510		
1. Entity Name SECLUSION BAY, L.L.C.		

Principal Place of Business 100 SEASCAPE DR SEASCAPE RESORTS VILLA 90-B DESTIN, FL 32550 US	Mailing Address P.O. BOX 6908 MIRMAR BEACH, FL 32550 US BK
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2. Principal Place of Business - No P.O. Box # 581 Bennington	3. Mailing Address 581 Bennington
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Bloomfield Hills, MI	City & State Bloomfield Hills, MI
Zip 48304	Zip 48304
Country USA	Country USA

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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LOBE LLEN WARD, ESQ. MATTHEWS & HAWKINS, P.A. 4475 LEGENDARY DRIVE BOX 40 DESTIN, FL 32541	Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301
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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 Joyce L. Markley <small>Signature, typed or printed name of registered agent and title if applicable.</small>	Joyce L. Markley as its agent DATE 4/5/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$100.00	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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LONG POINT COVE CD, INC. 100 SEASCAPE DR SEASCAPE RESORTS VILLA 90B DESTIN, FL 32550 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Mark Wibel 581 Bennington Bloomfield Hills, MI 48304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 U. Wibel <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 4/4/07 Daytime Phone # 248-701-1998

FILED

07 APR -5 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04032007 REIN-LLC CR2E101 (1/07)

4. FEI Number
51-0449994 Applied For
☐ Not Applicable

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

REINSTATEMENT 2006-2007



CORPORATION SERVICE COMPANY

L03000007510

ACCOUNT NO. : 072100000032

REFERENCE : 837532 4329479

AUTHORIZATION

COST LIMIT : \$ 205.00

FILED
07 APR -5 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 5, 2007

ORDER TIME : 9:57 AM

ORDER NO. : 837532-005

BK

CUSTOMER NO: 4329479

DOMESTIC FILINGS

NAME: SECLUSION BAY, L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 APR -5 AM 10:45
TO BE MAILED
SUFFICIENCY OF FILING

CONTACT PERSON: Joyce Markley - Ext# 2930

EXAMINER'S INITIALS _____