

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2023 OCT 30 AM 9:49

DOCUMENT # L 0300000 8092

1. Limited Liability Company's Name

Coastal Restaurant Group L.L.C.

100418179851

10/20/23--01026--015 **818.75

2. Principal Office Address - No P.O. Box #

809 Kalli Creek Ln

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

Zip

32080

Country

USA

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

Florida, U.S.A

5. Date Organized or Qualified To Do Business in Florida

3-5-2003

6. FEI Number

54-2100091

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

Theodore W. McLemore

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

809 Kalli Creek Ln

Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32080

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

Theodore W. McLemore

Date 10-27-23

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
<u>Pres</u>	<u>Theodore W. McLemore</u>	<u>809 Kalli Creek Ln</u>	<u>St. Augustine, FL 32080</u>

Reinstatement 19-23

OK

11. E-mail Address: Ted Mack 717 @ gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Theodore W. McLemore

Date 10-27-23

Daytime Phone #

904-814-7283