

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
12 DEC 20 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L03000014413**

1. Limited Liability Company's Name

Tarragona Developments L.L.C.

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

77 Baybridge office Park P.O. Box 99

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 99

Suite, Apt. #, etc.

City & State

Gulf Breeze FL

Zip

32561

Country

USA

City & State

Gulf Breeze FL

Zip

32561

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

4/22/2003

6. FEI Number

550827878

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

Mark Lyons III

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

77 Baybridge office Park

Suite, Apt. #, Etc.

City

Gulf Breeze

State

FL

Zip Code

32561

E-mail Address:

12/20/12--01006--021 **680.00

100242954371

12/20/12--01006--021 **680.00

Bockylyons@yahoo.com

(To be used for future annual report notices)

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

Date

REGISTERED AGENT MUST SIGN

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
MEM	Mark Lyons III	77 Baybridge office Park	Gulf Breeze FL 32561
MEM	Brooks W. Lyons	77 Baybridge office Park	Gulf Breeze FL 32561
REINSTATEMENT 09-12 AB			

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. 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 Managing
Member/Manager

Mark Lyons

Date

12-17-12

Daytime Phone #

850 934-0440

Typed or printed name of signing Managing Member/Manager