

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAR 15 AM 12

DOCUMENT # L03000020001

1. Limited Liability Company's Name

Florida Maryland Properties, LLC

800171271118  
03/04/10--01039--004 \*\*377.50  
CR2E041 (11/09)

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

2471 McMullen Booth #316

Suite, Apt. #, etc.

316

City & State

Clearwater, FL

Zip

33759

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

6-4-2003

6. FEI Number

20-0028273

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

Michael LaSells

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

2471 McMullen Booth Rd

Suite, Apt. #, Etc.

316

City

Clearwater

State

FL

Zip Code

33759

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2-19-2010

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	Michael LaSells	2471 McMullen Booth #316	Clearwater, FL 33759

800171271118  
03/16/10--01004--025 \*\*143.75

REINSTATEMENT 2008-2010

11. E-mail Address:

(To be used for future annual report notifications)

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 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 2-19-2010

Daytime Phone #

727-724-9555

Typed or printed name of signing Managing Member/Manager

Michael LaSells

T. Hampton MAR 16 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 MAR 15 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 8, 2010

FLORIDA-MARYLAND PROPERTIES, LLC  
2471 MCMULLEN BOOTH RD  
# 316  
CLEARWATER, FL 33759

SUBJECT: FLORIDA-MARYLAND PROPERTIES, LLC  
Ref. Number: L03000020001

We have received your document for FLORIDA-MARYLAND PROPERTIES, LLC and check(s) totaling \$377.50. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$143.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 910A00005688