

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

12 DEC 12 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600242698746  
12/12/12--01023--018 \*\*655.00

CR2E041 (1/11)

**DOCUMENT #** LD30000022502

1. Limited Liability Company's Name

NM Properties LLC

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

701 MEDICAL PLAZA DRIVE

Suite, Apt. #, etc.

City & State

Leesburg, FL

Zip

34748

Country

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

6/19/2003

6. FEI Number

203411346

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

Jeffrey M. Kerina

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

701 MEDICAL PLAZA DRIVE

Suite, Apt. #, Etc.

City

Leesburg

State

FL

Zip Code

34748

E-mail Address:

jmkerina1@aol.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

REGISTERED AGENT MUST SIGN

Date

12/11/12

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
MGRM	Jeffrey M Kerina	701 Medical Plaza Dr	Leesburg, FL 34748

**REINSTATEMENT** 01-12

DEC 14 2012

L. SELLERS

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

Date

12/11/12

Daytime Phone #

352-638-0141

Typed or printed name of signing Managing Member/Manager Jeffrey M Kerina