

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 23 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L03000049882**

1. Limited Liability Company's Name

Talman Mews, LLC

900172878159
03/23/10--01011--010 **416.25

CR2E041 (11/09)

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

1105 Via Del Mar

Suite, Apt. #, etc.

3. Mailing Office Address

1105 Via Del Mar

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32789

Country

USA

City & State

Winter Park, FL

Zip

32789

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12-04-2003

6. FEI Number

01-0804267

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

Jay C. Barfield

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

1105 Via Del Mar

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

☒ 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

REGISTERED AGENT MUST SIGN

Date

3/17/10

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	Jay C. Barfield	1105 Via Del Mar	Winter Park, FL 32789
	L. SELLERS		
	MAR 24 2010		
	EXAMINER		
REINSTATEMENT			0810

11. E-mail Address: **flhomesgc@embargo.net**

(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

Date

3/17/10

Daytime Phone

702-908-9694

Typed or printed name of signing Managing Member/Manager

Jay C. Barfield

Past Due for '08 and '09 plus current year 2010