

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

09 OCT 21 PM 1:19

DOCUMENT # L03000050945

1. Limited Liability Company's Name

Baxter Properties, LLC

700161901787
10/19/09--01064--018 **277.50

CR2E041 (10/08)

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

174 WaterColor Way

Suite, Apt. #, etc.

#295

City & State

Santa Rosa Beach, Florida

Zip

32459

Country

USA

3. Mailing Office Address

"Same as Principal Address"

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida **12/08/03**

6. FEI Number

200463886

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

Robbie Kazenmaier

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

174 WaterColor Way

Suite, Apt. #, Etc.

#295

City

Santa Rosa Beach

State

FL

Zip Code

32459

☒ 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

Robbie Kazenmaier
REGISTERED AGENT MUST SIGN

Date **October 15, 2009**

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
Mgr	Claus Kazenmaier	174 WaterColor Way #295	Santa Rosa Beach, Fla. 32459
MGRM	Robbie Kazenmaier	174 WaterColor Way #295	Santa Rosa Beach, Fla. 32459

REINSTATEMENT

200809 10/15/09

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.

Signature of
Managing Member/Manager

Robbie Kazenmaier

Date **10/15/09**

Daytime Phone # **850 231-4749**

Typed or printed name of signing Managing Member/Manager

Robbie Kazenmaier