

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**

**09 JUL 21 AM 11:56**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



06102009 REIN-LLC CR2E101 (1/07)

<b>DOCUMENT # L03000051388</b>					
<b>1. Entity Name</b> PERDIDO DEVELOPMENT OF ESCAMBIA COUNTY, L.L.C.					
<b>Principal Place of Business</b> 208 HOOD AVENUE FORT WALTON BEACH, FL 32548			<b>Mailing Address</b> 208 HOOD AVENUE FORT WALTON BEACH, FL 32548		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-0442635	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  DEAL, VIC 208 HOOD AVENUE FORT WALTON BEACH, FL 32548			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR DEAL, VIC 208 HOOD AVENUE FORT WALTON BEACH, FL 32548		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<div style="text-align: center;"> <b>REINSTATEMENT</b>  <b>L. SELLERS</b>  <b>JUL 22 2009</b>  <b>EXAMINER</b> </div>					
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					