

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

L03000054539

DOCUMENT # L03000054539

1. Entity Name
COASTLINE PROPERTIES OF NORTH FLORIDA, LLC



Principal Place of Business

~~2990 DELTA BLVD.~~
~~TALLAHASSEE, FL 32303~~

Mailing Address

2990 DELTA BLVD.
TALLAHASSEE, FL 32303

2. Principal Place of Business

3. Mailing Address

1505 Capital Circle N.W.
Tallahassee FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32303

FL

10212004

REIN-LLC

CR2E101 (6/04)

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAY, SIDNEY E
2990 DELTA BLVD.
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name

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

1505 Capital Circle N.W.

City

Tallahassee

FL

Zip Code

32303

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$50.00
After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME GRAY, SIDNEY E
STREET ADDRESS 2990 DELTA BLVD.
CITY-ST-ZIP TALLAHASSEE, FL 32303

☐ Delete

TITLE MGRM
NAME MEEKS, JIMMY W SR
STREET ADDRESS 2990 DELTA BLVD.
CITY-ST-ZIP TALLAHASSEE, FL 32303

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
04 OCT 28 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2004

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