

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000041066

1. Limited Liability Company's Name

McKENZIE LANDMARK DEVELOPMENT LLC

2. Principal Office Address - No P.O. Box #
3658 MOSSY CREEK LANE

Suite, Apt. #, etc.

City & State
TALLAHASSEE, FL

Zip
32311-3638

Country
USA

3. Mailing Office Address
3658 MOSSY CREEK LANE

Suite, Apt. #, etc.

City & State
TALLAHASSEE, FL

Zip
32311-3638

Country
USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida **06/01/2004**

6. FEI Number
20-1227902

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
PROCTOR, M. JULIAN JR.

Street Address (P.O. Box Number is Not Acceptable)
227 SOUTH CALHOUN STREET

Suite, Apt. #, Etc.

City
TALLAHASSEE

State
FL

Zip Code
32301-1805

☐ 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

M. Julian Proctor

BK

Date **4-20-07**

REGISTERED AGENT MUST SIGN

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	URIAH A. MCKENZIE	3658 MOSSY CREEK LANE	TALLAHASSEE, FL 32311-3638

REINSTATEMENT 2005-2007

900101935989
05/03/07--01008--021 **250.00

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

Uriah A. McKenzie

Date **4/20/07**

Daytime Phone # **850.576.5421**

Typed or printed name of signing Managing Member/Manager

URIAH A. MCKENZIE

FILED
07 APR 23 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (1/07)