

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 30 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L04000050845

1. Limited Liability Company's Name

THE NEVILLE FAMILY, L.L.C.

2. Principal Office Address - No P.O. Box #
1594 Parkwood Ct. West

Suite, Apt. #, etc.

City & State
Niceville, Florida

Zip
32578

Country
USA

3. Mailing Office Address
1594 Parkwood Ct. West

Suite, Apt. #, etc.

City & State
Niceville, Florida

Zip
32578

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **09/16/2005**

6. FEI Number

☒ 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
Mark A. Violette, P.A.

Street Address (P.O. Box Number is Not Acceptable)
42 Business Centre Drive

Suite, Apt. #, Etc.
Suite 311

City
Miramar Beach

State
FL

Zip Code
32550

☒ 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

Mark A. Violette, P.A.

REGISTERED AGENT MUST SIGN

Date **04/01/2007**

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	Marilyn V. Neville	1594 Parkwood Ct. West	Niceville, Florida 32578
Member	Thomas P. Neville	1594 Parkwood Ct. West	Niceville, Florida 32578

700102526107
05/15/07--01038--024 **300.00

REINSTATEMENT 05-07

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

Marilyn V. Neville

Date **4-27-07**

Daytime Phone # **850-855-3700**

Typed or printed name of signing Managing Member/Manager **Marilyn V. Neville**



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: THE NEVILLE FAMILY, L.L.C.

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L04000050845

4. I, ADAM J. NEVILLE, hereby resign as a MANAGER
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Adam J. Neville

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L04000050845

4. I, JOSHUA M. NEVILLE, hereby resign as a MANAGER
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)