

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000088856

1. Entity Name
JACKSON BLUFF CONDOMINIUMS, LLC



Principal Place of Business
2830 REMINGTON GREEN CIRCLE, SUITE E
TALLAHASSEE, FL 32308

Mailing Address
2830 REMINGTON GREEN CIRCLE, SUITE E
TALLAHASSEE, FL 32308

FILED

05 OCT 18 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
1505 Capital Circle NW
Suite, Apt. #, etc.

3. Mailing Address
1505 Capital Circle NW
Suite, Apt. #, etc.

City & State
Tallahassee FL
Zip 32303 Country USA

City & State
Tallahassee, FL
Zip 32303 Country USA

10182005 REIN-LLC CR2E101 (6/04)

4. FEI Number
202050086
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SMITH, W. CRIT
3520 THOMASVILLE ROAD, 4TH FLOOR
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEEKS, CASEY 1978 R.L. WILSON LANE TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAIN, CHRIS W 1537 SPRUCE AVE. TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENDERSON, CHAD 421 WILSON AVENUE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARNARD, BRIAN B 3459 HYDE PARK WAY TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200060777942 10/19/05--01055--006 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 05
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ 10-18-05 850-509-5466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #