

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

FILING CANCELLED
RETURNED CHECK

DOCUMENT # L04000091671

1. Entity Name
PANACEA MOTEL, LLC



FILED

10 SEP 27 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09272010 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-2023889

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORGAN, ANNE
114 APALACHEE ST
CARABELLE, FL 32322

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9/27/2010
DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2011, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MORGAN, ANNE
114 APALACHEE PL.
CARRABELLE, FL 32322 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CLARK, HEATHER
1480 SHELL PK RD
CRAWFORDVILLE, FL 32346 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
300185867573
09/27/10--01002--009 **238.75
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

REINSTATEMENT - 10

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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/27/2010
DATE

Daytime Phone #