

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN 25 AM 7:45

DOCUMENT # L05000010580

1. Limited Liability Company's Name

FIRELIGHT LODGE PARTNERS, LLC

300086825303  
01/31/07--01050--008 \*\*150.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

40 Bahama Circle

Suite, Apt. #, etc.

3. Mailing Office Address

40 Bahama Circle

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

Tampa, Florida

Zip

33606

Country

USA

Zip

33606

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

2/1/2005

6. FEI Number

84-1670547

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

Jane M. McClimans

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

40 Bahama Circle -

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

☐ 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

[Signature]  
REGISTERED AGENT MUST SIGN

Date 1-22-2007

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
M6MB	<u>Jane McClimans</u>	<u>40 Bahama Circle</u>	<u>Tampa, Fl. 33606</u>

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

[Signature]

Date 1-22-2007

Daytime Phone# 813-258-2226

Typed or printed name of signing Managing Member/Manager