

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000020593

1. Limited Liability Company's Name
Emerald Bay Properties, LLC

2. Principal Office Address - No P.O. Box #
2007 North Harbour Drive

Suite, Apt. #, etc.

City & State
Lynn Haven, FL

Zip Country
32444 Bay

3. Mailing Office Address
2007 North Harbour Drive

Suite, Apt. #, etc.

City & State
Lynn Haven, FL

Zip Country
32444 Bay

8. Name and Address of Current Registered Agent

Name

James Lipham

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

2007 North Harbour Drive

Apt. #, Etc.

City

Lynn Haven

State
FL

Zip Code
32444

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date February 26, 2019

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	James Lipham	2007 North Harbour Drive	Lynn Haven, FL 32444
MGR	Judy Lipham	2007 North Harbour Drive	Lynn Haven, FL 32444
MGR	Staci Weeks	2007 North Harbour Drive	Lynn Haven, FL 32444

11. E-mail Address. tlipham45@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 2-26-2019

850-630-8494

FILED

2019 FEB 27 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017-2019
CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 3-1-2005

6. FEI Number
20-2409235

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

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02/27/19--01010--026 **516.25

S. PRATHER