

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2019 FEB 27 PM 3:31

EMERALD BAY PROPERTIES
1111 HASSELL BLVD

DOCUMENT # L05000020593

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

2017-2019
CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 2007 North Harbour Drive		3. Mailing Office Address 2007 North Harbour Drive	
Suite, Apt. # etc		Suite, Apt. #, etc	
City & State Lynn Haven, FL		City & State Lynn Haven, FL	
Zip 32444	Country Bay	Zip 32444	Country Bay

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 <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

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

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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

S. PRATHER

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 Phone # 850-630-8494