

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 FEB 15 PM 1:13

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Limited Liability Company's Name
Document # L05000025297
Sevilla Del Mar, L.L.C.

2. Principal Office Address - No P.O. Box # 137 35th Avenue, S.		3. Mailing Office Address 137 35 Avenue, S.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville Beach, FL		City & State Jacksonville Beach, FL	
Zip 32250	Country USA	Zip 32250	Country USA

CR2E041 (1/11)

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified To Do Business in Florida
03/11/2005

6. FEI Number 20.2738186	Applied For <input checked="" type="checkbox"/> Not Applicable
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7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Steven S. Nauman

Street Address (P.O. Box Number is Not Acceptable)
137 35th Avenue, S.

Suite, Apt. #, Etc.

City Jacksonville Beach	State FL	Zip Code 32250
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793.75 E-mail Address:
400244144154
01/29/13--01019--007 **655.00

jamrs66@gmail.com

(To be used for future annual report notices)

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 *FR* Date **01.20.2013**

REGISTERED AGENT MUST SIGN

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
MGRM	Jody A. Seckinger	12846 Jebb Island Drive	Jacksonville, FL 32224
MGRM	Steven S. Nauman	137 35th Avenue, S.	Jacksonville Beach, FL 32250
			400244144154 02/12/13--01023--018 **138.75
REINSTATEMENT			FEB 1 5 2013
2009-13			D. BUTLER

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. 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 Managing Member/Manager *FR* Date **01.20.2013** Daytime Phone # **9042478285**

Typed or printed name of signing Managing Member/Manager **Steven S. Nauman**