

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FL
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.

CR2E041 (1/11)

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

137 35th Avenue, S.

Suite, Apt. #, etc.

3. Mailing Office Address

137 35 Avenue, S.

Suite, Apt. #, etc.

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

03/11/2005

City & State

Jacksonville Beach, FL

City & State

Jacksonville Beach, FL

Zip

32250

Country

USA

Zip

32250

Country

USA

6. FEI Number

20.2738186

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

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

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

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
			2009-13
			FEB 1 5 2013
			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

Date 01.20.2013

Daytime Phone # 9042478285

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