

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L05000030958**

1. Limited Liability Company's Name  
**GULFSIDE ESTATES, LLC**

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

**58426 Morton Street**

Suite, Apt. #, etc.

3. Mailing Office Address

**58426 Morton Street**

Suite, Apt. #, etc.

City & State

**Marathon, Florida**

City & State

**Marathon, Florida**

Zip

**33050**

Country

**United States**

Zip

**33050**

Country

**United States**

8. Name and Address of Current Registered Agent

Name

**Dustin Huff**

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

**58426 Morton Street**

Apt. #, Etc.

City

**Marathon**

State

**FL**

Zip Code

**33050**

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

Date **07-15-2024**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Dustin Huff	58426 Morton Street	Marathon, FL 33050
MGRM	Bruce Rauner	720 Rosewood Avenue	Winnetka, IL 600923

11. E-mail Address: **Tony@keysclosings.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/manager

**07/15/24**

**305-360-1404**

**FILED**

**2024 JUL 24 AM 9:24**

**800433685078**  
**07/24/24--01020--000 \*\*126.7**

CR2E041 (1/14)

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified  
To Do Business in Florida

**March 30, 2005**

6. FEI Number

**58-2524451**

☐ Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required  
for a certificate of status**

*Reinstatement  
2012-2024*