

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 NOV -2 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000049816

1. Entity Name
SOUTHWEST TIMBER COASTAL, LLC



Principal Place of Business

1217 MICCOSUKEE RD
TALLAHASSEE, FL 32308

Mailing Address

1217 MICCOSUKEE RD
TALLAHASSEE, FL 32308

2. Principal Place of Business - No P.O. Box #

1235 Miccosukee Trl

3. Mailing Address

Suite, Apt. #, etc. SAME

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32308

Country

USA

Zip

32308

Country

USA

11022007 REIN-LLC CR2E101 (1/07)

4. FEI Number

02-3077968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

W. BRADLEY MONROE, P.A.
239 E VIRGINIA STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FLOYD, JAMES B
1217 MICCOSUKEE RD
TALLAHASSEE, FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500112130355
11/08/07--01051--024 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11-02-07

Date

Daytime Phone #