

APR-11-2008 FRI 03:52 PM Beggs And Lane

FAX NO. 8504693331

P. 02

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FILED

2008 LIMITED LIABILITY COMPANY
REINSTATEMENT

DOCUMENT # L05000051717

1. Entity Name
ALPHA 8 DEVELOPMENT, LLC

2008 APR 11 A 11: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
134 BENNING DRIVE
SUITE A
DESTIN, FL 32541 USMailing Address
134 BENNING DRIVE
SUITE A
DESTIN, FL 32541 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092008 REIN-LLC

CR2E101 (1/07)

City & State

City & State

4. FEI Number
03-0583836Applied For:
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, RODERIC M
134 BENNING DRIVE
SUITE A
DESTIN, FL 32541

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, or both, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WRIGHT, RODERIC M
134 BENNING DRIVE, SUITE A
DESTIN, FL 32541 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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 110, 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

Date

(Include Phone #)

(((H08000094357 3)))

APR-11-2008 FRI 09:52 PM Beggs And Lane

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P. 01

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

ALPHA 8 DEVELOPMENT, LLC

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