

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 AUG 25 PM 3:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L05000055189

1. Limited Liability Company's Name

Decker Properties, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 1445 Court Street		3. Mailing Office Address 1445 Court Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Clearwater, FL		City & State Clearwater, FL	
Zip 33756	Country US	Zip 33756	Country US

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 6/1/05	
6. FEI Number 20-2938727	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name David A. Mereness		
Street Address (P.O. Box Number is Not Acceptable) 15425 N. Florida Avenue		
Suite, Apt. #, Etc.		
City Tampa	State FL	Zip Code 33613

E-mail Address:
200211402212
08/24/11--01025--022 **932.50
suzan@deckerross.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 **8/16/11**

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	Suzan D. Ross	13000 Hibiscus Ave.	Seminole, FL 33776

REINSTATEMENT
2006-2011
J. SAULSBERRY
EXAMINER

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 608.405, 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 **8-22-11**

Daytime Phone # **727-442-9996**

Typed or printed name of signing Managing Member/Manager **Suzan D. Ross**