

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000076864

1. Limited Liability Company's Name

TRANQUILITY, LLC.

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

1420 Celebration Blvd.

Suite, Apt. #, etc

200

City & State

Celebration, FL

Zip

34747

Country

US

3. Mailing Office Address

PO Box 470176

Suite, Apt. #, etc

City & State

Celebration, FL

Zip

34747

Country

US

8. Name and Address of Current Registered Agent

Name

CBD REAL ESTATE INVESTMENT LLC

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

1420 CELEBRATION BLVD

Apt. #, Etc.

200

City

CELEBRATION

State

FL

Zip Code

34747

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

REGISTERED AGENT MUST SIGN

Date

6-16-2015

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	CBD REAL ESTATE INVESTMENT LLC	1420 Celebration Blvd # 200	Celebration, FL 34747

JUN 24 2015

J SHIVER

11. E-mail Address: raj@gocbd.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/member

Date

6-16-15

Daytime Phone #

321-402-7808

Typed or printed name of signing authorized representative/member

David Waronker

FILED

15 JUN 18 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida

8/04/2005

6. FEI Number

203255209

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

500274180225
06/18/15--01033--014 **\$55.00