

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000090571

**FILED**  
**May 24, 2013**  
**Secretary of State**

**Entity Name:** MAGNOLIA HOLMES OF FT. PIERCE, LLC

**Current Principal Place of Business:**

16355 E. GRAND NATIONAL DRIVE  
LOXAHATCHEE, FL 33470 US

**New Principal Place of Business:**

**Current Mailing Address:**

16355 E. GRAND NATIONAL DRIVE  
LOXAHATCHEE, FL 33470 US

**New Mailing Address:**

**FEI Number:** 20-3442544

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAUERBERG, ERIC M  
200 VILLAGE SQUARE CROSSING  
SUITE 102  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** ERIC M. SAUERBERG

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SUMMERSILL, MARY A  
**Address:** 16355 E. GRAND NATIONAL DRIVE  
**City-St-Zip:** LOXAHATCHEE, FL 33470 US

**Title:** MGR  
**Name:** SUMMERSILL, THOMAS J  
**Address:** 16355 E. GRAND NATIONAL DRIVE  
**City-St-Zip:** LOXAHATCHEE, FL 33470 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** THOMAS J. SUMMERSILL

MGR

05/24/2013

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date