

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

06 NOV -8 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000091246

1. Entity Name  
COBBLESTONE CORNERS, LLC



Principal Place of Business  
3132 JULINGTON CREEK RD.  
JACKSONVILLE, FL 32223

Mailing Address  
3132 JULINGTON CREEK RD.  
JACKSONVILLE, FL 32223



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10052006 REIN-LLC CR2E101 (11/05)

4. FEI Number

20-3554084

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FARHAT, SAMIR  
3132 JULINGTON CREEK RD.  
JACKSONVILLE, FL 32223

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 admits 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, 2007, 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 MGRM ☐ Delete  
NAME FARHAT, SAMIR  
STREET ADDRESS 3132 JULINGTON CREEK RD.  
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE MGRM ☒ Delete  
NAME MOREY, CARL  
STREET ADDRESS 3132 JULINGTON CREEK RD.  
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE MGRM ☒ Change ☐ Addition  
NAME Morey, Carl  
STREET ADDRESS 45 Swimming Pen Dr.  
CITY-ST-ZIP Middleburg FL 32068

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

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

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

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

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

Date

Daytime Phone #

11/3/06

904.553.4926

REINSTATEMENT

OC

11/3/06