

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV 13 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000093573

1. Limited Liability Company's Name

Cade Development, LLC

0001627663
11/12/09--01039--009 *\$16.25

CR2E041 (11/09)

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

3. Mailing Office Address

1966 Lakeshore Dr N

1966 Lakeshore Dr N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fleming Island, FL

Fleming Island, FL

Zip

Country

Zip

Country

32003

USA

32003

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

09/22/2005

6. FEI Number

20-4775306

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Robert B Wilson

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

1966 Lakeshore Dr N

Suite, Apt. #, Etc.

City

State

Zip Code

Fleming Island

FL

32003

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

X

REGISTERED AGENT MUST SIGN

Date

11/10/9

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
man	Robert B. Wilson	1966 Lakeshore Dr N	Fleming Island, FL 32003

REINSTATEMENT 07-09

11. E-mail Address: r.wilson@comcast.net

(To be used for future annual report notifications)

12. 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 608.406, 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.

Signature of

Managing Member/Manager

Date

11/10/9

Daytime Phone #

(904) 838-8703

Typed or printed name of signing Managing Member/Manager