

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2009 DEC -8 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600163324416
12/04/09--01041--009 **277.50

CR2E041 (10/09)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000101465

1. Limited Liability Company's Name

Yellow Bluff Commercial Properties, LLC

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

13916 Woodland Drive

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32218

Country

USA

3. Mailing Office Address

PO Box 939

Suite, Apt. #, etc.

City & State

Yulee, FL

Zip

32041

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 10/14/2005

6. FEI Number

203639100

Applied For

Not Applicable

\$5.00 Additional Fee required
for a Certificate of Status

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

~~Stutman & Thames, P.A.~~ STUTSMAN THAMES
& MARKLEY, P.A.

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

121 West Forsyth Street SU NORTH LAURA STREET

Suite, Apt. #, Etc.

Suite 600-

SUITE 1600

City

Jacksonville

State

FL

Zip Code

32202



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 fee 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

Robert E. Stutman, CEO

Date

11/20/09

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	Catenacci, Michael J	45000 River Ridge Drive, Ste 200	Clinton Twp., MI 48038
MGRM	Robson, John T	45000 River Ridge Drive, Ste 200	Clinton Twp., MI 48038
MGRM	Leggett, Stephen	45000 River Ridge Drive, Ste 200	Clinton Twp., MI 48038

REINSTATEMENT

08-09

11. E-mail Address: mgarland@carlocompanies.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or the trustee empowered to execute this application as provided 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

Michael Catenacci

Date

11/6/09

Daytime Phone #

586-226-7218

Typed or Printed name of signing Managing Member/Manager

Michael Catenacci