

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 06 00000 9072

1. Limited Liability Company's Name

COTTAGES AT COASTAL PINES, LLC

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

1804 Maple Grove Rd

Suite, Apt. #, etc.

3. Mailing Office Address

1804 Maple Grove Rd

Suite, Apt. #, etc.

City & State

Duluth mn

Zip

55811

Country

USA

City & State

Duluth mn

Zip

55811

Country

8. Name and Address of Current Registered Agent

Name

Michael Peller

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

107 COTTAGE CT

Suite, Apt. #, Etc.

City

Panama City Beach

State

FL

Zip Code

32413

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

Michael Peller

Date 4-29-11

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
Mgr	Michael Peller	1804 Maple Grove Rd	Duluth, MN 55811
		SAULSBERRY EXAMINER	
		AUG 17 2011	

11. 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. 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 Managing
Member/Manager

Michael Peller

Date 4-29-11

Daytime Phone # 218-730-0300

Typed or printed name of signing Managing Member/Manager

2011 AUG 16 AM 11:13
FILED

2011 AUG 16 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700207217527
05/05/11--01005--005 **238.75
CR2E041 (1/11) 10-11

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

01-25-2006

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

MNDULUTH@MSN.COM

700207217527
08/15/11--01040--006 **138.75

(To be used for future annual report notices)

REINSTATEMENT
2011