

LO6000015414

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H13000072032 3)))



H130000720323ABCS

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RE-SUBMIT

To: Division of Corporations
Fax Number : (850) 617-6383

Please retain original filing
date of submission 3/29

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
SAS MORTGAGE TRUST ELIZABETHTON ESTATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02 of 3
Estimated Charge	\$655.00

RECEIVED
13 APR -3 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
13 MAR 29 PM 4:47
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 29 2013

S. PRATHER



April 1, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations
SAS MORTGAGE TRUST ELIZABETHTON ESTATES, LLC
455 NORTH INDIAN ROCKS ROAD SUITE B
BELLEAIR BLUFFS, FL 33770

SUBJECT: SAS MORTGAGE TRUST ELIZABETHTON ESTATES, LLC
REF: L06000015414

We have received your document for SAS MORTGAGE TRUST ELIZABETHTON ESTATES, LLC and your check(s) totaling \$300.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Marquitta Williams
Regulatory Specialist II

FAX Aud. #: H13000072032
Letter Number: 513A00007534

RECEIVED
13 APR -3 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000015414

1. Limited Liability Company's Name

SAS Mortgage Trust Elizabethton Estates LLC

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

455 N. Indian Rocks Rd

Suite, Apt. #, etc.

Suite B

City & State

Belleair Bluffs, FL

Zip

33770

Country

USA

3. Mailing Office Address

455 N. Indian Rocks Rd

Suite, Apt. #, etc.

Suite B

City & State

Belleair Bluffs, FL

Zip

33770

Country

USA

4. State of Formation

Florida

USA

5. Date Organized or Qualified
To Do Business in Florida

10-20-2008

6. FEI Number

27-0392857

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

CT Corporation

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

1200 South Pine Island Road

Suite, Apt., etc.

City

Plantation

State

FL

Zip Code

39324

E-mail Address:

tmyers@seminolefinancialservices.
com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of

Registered Agent

Connie Bryan

Connie Bryan

Date 4/3/2013

REGISTERED AGENT MUST SIGN

Assistant Secretary

10. Name and Street Address of Managing Member/Managers

Title

Name of
Managing Member/ManagersStreet Address of Each
Managing Member/Manager

City / State / Zip

MGRN

SAS Mortgage Trust

455 N. Indian Rocks Rd

Belleair Bluffs, FL 33770

MAR 29 2013

S. PRATHER

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 606, 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 606.406, F.S., and that all fees owed by the limited liability company have been paid. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I also agree that false information submitted on a document to the Department of State constitutes a third degree felony as provided for in s. 817.165, F.S.

Signature of Managing
Member/Manager

Ronald J. Campbell

Date 4-3-13

Daytime Phone # 727-331-8446

Typed or printed name of Managing Member/Manager Ronald J. Campbell, Trustee, SAS Mortgage Trust