

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 AUG -6 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L06000059875**

1. Limited Liability Company's Name
L.M. ONE, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 329 NORTH SHIPWRECK AVE.		3. Mailing Office Address 329 NORTH SHIPWRECK AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PONTE VEDRA BEACH, FL		City & State PONTE VEDRA BEACH, FL	
Zip 32081	Country United States	Zip 32081	Country United States

4. State/Country of Formation
Florida/United States

5. Date Organized or Qualified To Do Business in Florida
June 13, 2006

6. FEI Number 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
MICHAEL E. BRAREN

Street Address (P.O. Box Number is Not Acceptable)
329 NORTH SHIPWRECK AVE.

Suite, Apt. #, Etc.

City
PONTE VEDRA BEACH

State
FL

Zip Code
32081

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08/05/14--01010--003 **1177.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *Michael E. Braren* Date *7/30/14*
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AR	MICHAEL E. BRAREN	329 NORTH SHIPWRECK AVE.	PONTE VEDRA BEACH, FL 32081
AR	LAUREN M. BRAREN	329 NORTH SHIPWRECK AVE.	PONTE VEDRA BEACH, FL 32081

REINSTATEMENT
2013-2014 377.50

S. HAWKES
AUG -6 AM.
EXAMINER

11. E-mail Address: *M.E. BRAREN@LIM.COM*
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager *Michael E. Braren* Date *7/30/14* Daytime Phone # *904-429-7330*

Typed or printed name of signing Authorized Representative/Manager *Michael E. Braren*