

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 DEC 30 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000086854

1. Entity Name
EWING PARK ROAD, LLC



Principal Place of Business
28 SOUTH 10TH STREET
FERNANDINA BEACH, FL 32034

Mailing Address
28 SOUTH 10TH STREET
FERNANDINA BEACH, FL 32034

2. Principal Place of Business - No P.O. Box #
2058 OAK MARSH DR.

3. Mailing Address
PO Box 810

Suite, Apt. #, etc

Suite, Apt. #, etc

11122008 REIN-LLC

CR2E101 (1/07)

City & State
FERNANDINA BEACH, FL 32034

City & State
FERNANDINA BEACH, FL 32035

4. FEI Number
20-8390138

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERT L. PETERS, P.A.
28 SOUTH 10TH STREET
FERNANDINA BEACH, FL 32034

Name
William A. Doyle
Street Address (P.O. Box Number is Not Acceptable)
2058 OAK MARSH DRIVE
City
FERNANDINA BEACH FL 32034

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William A. Doyle

(NOTE: Registered Agent signature required when reinstating)

DATE

11-13-08

FILE NOW! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
DOYLE, WILLIAM A JR.
STREET ADDRESS
2058 OAK MARSH DRIVE
CITY- ST- ZIP
FERNANDINA BEACH, FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
400139335814
12/30/08--01012--010 **138.75 ☐ Change ☐ Addition

TITLE
NAME
MGRM
PETERS, ROBERT L JR.
STREET ADDRESS
2626 COUNTESS OF EGGMONT ST.
CITY- ST- ZIP
FERNANDINA BEACH, FL 32034 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

William A. Doyle

11/13/08 904-277-3932