

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 OCT 24 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L06000108349			
1. Entity Name P. CURY CONDO, LLC			
Principal Place of Business 12627 SAN JOSE BLVD., SUITE 706 JACKSONVILLE, FL 32223		Mailing Address 12627 SAN JOSE BLVD., SUITE 706 JACKSONVILLE, FL 32223	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10272008 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-5864323	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CURY, PHILLIP H 12627 SAN JOSE BLVD., SUITE 706 JACKSONVILLE, FL 32223		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Phil Cury* Phil Cury, M.G. Member 10/27/08
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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

In accordance with s. 807.103(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 STREET ADDRESS CITY-ST-ZIP	MGRM CURY, PHIL ☐ Delete 12627 SAN JOSE BLVD SUITE 706 JACKSONVILLE, FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	508038901364 ☐ Change ☐ Addition 1-31-08 90069 027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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REINSTATEMENT-08

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 808, Florida Statutes.

SIGNATURE *Phil Cury* Phil Cury 10/27/08 (904) 268 7361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #