


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000112477		
1. Entity Name VERDURA PROPERTIES, LLC		

Principal Place of Business 2005 THOMASVILLE ROAD TALLAHASSEE, FL 32308	Mailing Address 2005 THOMASVILLE ROAD TALLAHASSEE, FL 32308
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2. Principal Place of Business - No P.O. Box # 2624 Centennial Place	3. Mailing Address 6048 Miller Landing Cove
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32308	Zip 32312
Country U.S.	Country US

6. Name and Address of Current Registered Agent	
ROGERS, ARNIE 6048 MILLER LANDING COVE TALLAHASSEE, FL 32312	

01142009 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-5923704	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 Le Ryz DATE 1-14-09

Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROGERS, ARNIE 6048 MILLER LANDING COVE TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100140629461 01/14/09--01012--015 **277.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Le Ryz DATE 1-14-09 DAYTIME PHONE # 850-491-3288

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

FILED

09 JAN 14 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100140629461
01/14/09--01012--015 **277.50



REINSTATEMENT 08-09 Jan