

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**

09 JUL 21 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L07000006065	
1. Entity Name 54 LOGAN LANE, LLC	



Principal Place of Business 54 LOGAN LANE, LLC SANTA ROSA BEACH, FL 32459	Mailing Address 5399 E. CO. HWY. 30-A PMB 188 SEAGROVE BEACH, FL 32459
---	---

2. Principal Place of Business - No P.O. Box # <b>54 LOGAN LANE</b>	3. Mailing Address <b>174 Watercolor Way #299</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>#299</b>
City & State <b>SANTA ROSA BEACH, FL.</b>	City & State <b>Seagrove Beach, FL</b>
Zip <b>32459</b>	Country <b>USA</b>



07142009 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent  NINA W. CHASE, L.C. 174 WATERCOLOR WAY #165 SEAGROVE BEACH, FL 21349		7. Name and Address of New Registered Agent Name <b>NINA CHASE, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>174 WATERCOLOR WAY, #299</b> City <b>SEAGROVE BEACH</b> FL Zip Code <b>32459</b>	
--	--	--	--

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 Nina W. Chase Nina W. Chase 7-14-09  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREEN, JOHN W IV 5399 E. CO. HWY. 30-A, PMB 188 SEAGROVE BEACH, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>174 WATERCOLOR WAY #299</b> <b>SEAGROVE BEACH, FL 32459</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORTHCUTT, MARK L 16 HIGH DUNE DRIVE SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100158701801</b> <b>07/20/09--01058--003 **277.50</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT**

**08-09**

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: Nina W. Chase 7-14-09 (833) 231-1622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #