

# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000012359

**FILED**  
**Oct 26, 2013**  
**Secretary of State**

**Entity Name:** CROWE'S NEST PROPERTIES, L.L.C.

**Current Principal Place of Business:**

3121 PEORIA ROAD  
ORANGE PARK, FL 32065 US

**New Principal Place of Business:**

6075 WEST SHORES RD.  
FLEMING ISLAND, FL 32003 US

**Current Mailing Address:**

3121 PEORIA ROAD  
ORANGE PARK, FL 32065 US

**New Mailing Address:**

6075 WEST SHORES RD.  
FLEMING ISLAND, FL 32003 US

**FEI Number:** 20-8456492

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUSS, JOHN S IV  
10110 SAN JOSE BOULEVARD  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** JOHN S DUSS IV

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CROWE, TIMOTHY L  
**Address:** 6075 WEST SHORES RD.  
**City-St-Zip:** FLEMING ISLAND, FL 32003 US

**Title:** MGRM  
**Name:** CROWE, BILLY A  
**Address:** 6075 WEST SHORES RD.  
**City-St-Zip:** FLEMING ISLAND, FL 32003 US

**Title:** MGRM  
**Name:** CROWE, KATHLYN A  
**Address:** 6075 WEST SHORES RD.  
**City-St-Zip:** FLEMING ISLAND, FL 32003 US

**Title:** MGRM  
**Name:** WHITLATCH, CYNTHIA L  
**Address:** 2888 SPRING DR.  
**City-St-Zip:** MIDDLEBURG, FL 32068 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** CYNTHIA L. WHITLATCH

MGRM

10/26/2013

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date