

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000018089

1. Entity Name
MPIRICAL PROPERTY MANAGEMENT, LLC



09 JAN 27 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
210 SOUTH ALCANIZ ST.
PENSACOLA, FL 32501 US

Mailing Address
210 SOUTH ALCANIZ ST.
PENSACOLA, FL 32501 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

01202009 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number 20-8456254 Applied For
Not Applicable

Zip Country

Zip Country

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

MALONEY, JOSEPH
4050 INDIGO
UNIT #103
PENSACOLA, FL 32507

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

Joseph A. Maloney
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-20-09
DATE

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME MALONEY, JOSEPH A
STREET ADDRESS 4050 INDIGO, UNIT #103
CITY-ST-ZIP PENSACOLA, FL 32507 ☐ Delete

TITLE MGRM
NAME DAVID K. NIELSEN
STREET ADDRESS 210 S. ALCANIZ ST
CITY-ST-ZIP PENSACOLA FL 32502 ☒ Change ☐ Addition

TITLE MGRM
NAME MALONEY, MOLLY H
STREET ADDRESS 4050 INDIGO, UNIT #103
CITY-ST-ZIP PENSACOLA, FL 32507 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900141891219
01/23/09--01046--018 **\$377.50 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

Joseph A. Maloney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-20-09
Date

8504364050
Daytime Phone #

REINSTATEMENT

08-09

1-20-09
[Signature]