

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000027715	
1. Entity Name 1463 & 1471 SAN MARCO BLVD., LLC	

Principal Place of Business 1301 RIVERPLACE BLVD., STE. 2330 JACKSONVILLE, FL 32207	Mailing Address 1301 RIVERPLACE BLVD., STE. 2330 JACKSONVILLE, FL 32207
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2. Principal Place of Business - No P.O. Box # 10739 Deerwood Park Blvd. Suite, Apt. #, etc. #103 City & State Jacksonville, Florida Zip 32256 Country Doral	3. Mailing Address 10739 Deerwood Park Blvd. Suite, Apt. #, etc. #103 City & State Jacksonville, Florida Zip 32256 Country Doral
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FILED
09 JUN 23 PM 12:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA



06172009 REIN-LLC CR2E101 (1/07)

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

6. Name and Address of Current Registered Agent PATTERSON, ANDERSON & FELDMAN, P.A. 3010 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250	7. Name and Address of New Registered Agent Name Patterson & Anderson, P.A. Street Address (P.O. Box Number is Not Acceptable) 3010 South Third Street City Jacksonville Beach FL Zip Code 32250
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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 Andrew R. Patterson DATE _____
(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	manager Ladson Montgomery 10739 Deerwood Park Blvd #103 Jacksonville, Florida 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500157434585 06/19/09--01005--013 **277.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	manager Alvaro F. Morrell 3010 South Third Street Jacksonville Beach, FL 32250 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition L. SELLERS JUN 24 2009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition EXAMINER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 0809
TITLE NAME STREET ADDRESS 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: Andrew R. Patterson Date 6-17-09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #