

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 DEC 30 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L07000063298**

1. Limited Liability Company's Name

Adagio Properties, LLC

2. Principal Office Address - No P.O. Box #

2421 W. Co. Hwy 30A
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1214
Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

Zip

32459

Country

U.S.

City & State

Santa Rosa Beach, FL

Zip

32459

Country

U.S.

4. State/Country of Formation

Florida / U.S.

5. Date Organized or Qualified
To Do Business in Florida

June 2007

6. FEI Number

☐ Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a Certificate of Status**

CR2E041 (12/13)

8. Name and Address of Current Registered Agent

Name

Tew, Marilyn

Street Address (P.O. Box Number is Not Acceptable)

2100 Country Club Dr.

Suite, Apt. #, Etc.

City

Lynn Haven

State

FL

Zip Code

32444

E-mail Address:

**700255089567
12/30/13--01027--003 ***332.50**

mandvtew@knology.net

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Marilyn Tew

Date

12/27/13

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

| Titles AMBR/MGR | Name of Authorized Person | Street Address of Each Authorized Person | City / State / Zip |
|--------------------|---------------------------|--|----------------------|
| MGR | Tew, Marilyn | 2100 Country Club Dr. | Lynn Haven, FL 32459 |
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| | | | |

REINSTATEMENT

DEC 30 2013

R. HUNT

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of Chapter 605, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of
Authorized Person

Marilyn Tew

Date

12/27/13

Daytime Phone #

850-832-7274

Typed or printed name of signing Authorized Person