

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000118162

1. Limited Liability Company's Name

SAND HILL CREEK, LLC

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

4001 NW 130TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

4001 NW 130TH STREET

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

City & State

OCALA, FLORIDA

Zip

34482

Country

USA

Zip

34482

Country

USA

8. Name and Address of Current Registered Agent

Name

NICHOLAS DEMERIC

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

4001 NW 130TH STREET

Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34482

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11/27/2007

6. FEI Number

271154345

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

300276233773
08/19/15--01028--001 **\$32.50

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

REGISTERED AGENT MUST SIGN

Date

1 August 2015

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	NICHOLAS DE MERIC	4001 NW 130TH STREET AVE	OCALA, FL 34482

REINSTATEMENT

AUG 19 2015

R. HUNT

11. E-mail Address: NMDEMERIC@AOL.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee 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 requirement of section 605.0012, 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 representative/member

Date

07/14/2015

Daytime Phone #

352-351 2541

Typed or printed name of signing authorized representative/member