

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L07000125280

1. Limited Liability Company's Name  
Atlantic Beach Realty Group, LLC

2. Principal Office Address - No P.O. Box #  
4116 3rd St. S

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

Zip

32250

Country

3. Mailing Office Address  
4116 3rd St. S

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

Zip

32250

Country

4. State/Country of Formation

USA

5. Date Organized or Qualified  
To Do Business in Florida

12/18/07

6. FEI Number

26-1586579

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/11)

8. Name and Address of Current Registered Agent

Name

Marla Buchanan

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

1301 Riverplace Blvd, Suite 1500

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32207

E-mail Address:

000251276630  
08/30/13--01028--001 \*\*655.00

margaret@movingwithmargaret.cc

(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 608, F.S.

Signature of  
Registered Agent

Marla Buchanan

Date 8/20/13

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
Mgr	Margaret Sherrill	4116 3rd St S	Jacksonville Beach, FL
	Pete Sherrill	4116 3rd St S	Jacksonville Beach, FL
<b>REINSTATEMENT</b>			<b>S. HAWKES</b>
<u>2010-2013</u>			<b>SEP 3 2013</b>
			<b>EXAMINER</b>

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, 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 section 608.406, 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 Managing  
Member/Manager

Margaret Sherrill

Date Aug 29 2013

Daytime Phone # 904-962-4041

Typed or printed name of signing Managing Member/Manager