

# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED  
AND  
FILED

14 NOV 12 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L09000020083

1. Entity Name  
23 COAST BRIGE PARTNERS, LLC



Principal Place of Business  
1589 METROPOLITAN BOULEVARD  
TALLAHASSEE, FL 32308

Mailing Address  
1589 METROPOLITAN BOULEVARD  
TALLAHASSEE, FL 32308

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

11122014 REIN-LLC CR2E101 (12/11)

4. FEI Number  
26-4337368

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, CHERYL  
1589 METROPOLITAN BOULEVARD  
SUITE 102  
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name Teresa Finley  
Street Address (P.O. Box Number is Not Acceptable)  
1589 Metropolitan Blvd.  
Suite 102  
City Tallahassee FL Zip Code 32308

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75  
After January 1, 2015, Fee will be \$377.50

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete  
NAME FINLEY, ROBERT C  
STREET ADDRESS 1589 METROPOLITAN BOULEVARD  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE MGR ☐ Delete  
NAME FINLEY, TERESA  
STREET ADDRESS 1589 METROPOLITAN BOULEVARD  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

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

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 808, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

E-MAIL ADDRESS

K ASHTON