L10000083309

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT
MARION PROPERTIES LOANS, LLC

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J. BRYAN
JAN 20 2012
EXAMINER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2012

GILLIGAN, KING & GOODING, P.A.

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SUBJECT: MARION PROPERTIES LOANS, LLC
REF: L10000083309

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain the name, title, and business address of each managing member or manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

FAX Aud. #: H12000014725
Letter Number: 812A00001277

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L10000083309

1. Limited Liability Company's Name

MARION PROPERTIES LOANS, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
14130 SW 121 COURT	14130 SW 121 COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DUNNELLON FL	City & State: DUNNELLON FL
Zip: 34432 Country: USA	Zip: 34432 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: ☐ Applied For ☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: W. JAMES GOODING III ESQUIRE

Street Address (P.O. Box Number is Not Acceptable): 1531 SE 36 AVENUE

Suite, Apt. #, Etc.:

City: OCALA State: FL Zip Code: 34471

E-mail Address: JGOODING@OCALALAW.COM
(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 _____ Date 1-18-12
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	HALL ROBERTSON	4617 C.R. 107	OXFORD, FL 34484

REINSTATEMENT 2011-12

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 _____ Date 1/18/12 Daytime Phone # 352-427-4882

Typed or printed name of signing Managing Member/Manager: HALL ROBERTSON