


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

15 APR 14 AM 9:09

DEPARTMENT OF STATE
ALL CHASSEES, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L10000090554

1. Limited Liability Company's Name

Waldrop Park LLC

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

2023 Thomas dr

Suite, Apt #, etc

3. Mailing Office Address

2023 Thomas dr

Suite, Apt #, etc.

City & State

Panama City Bch, FL

City & State

Panama City Bch, FL

Zip

32408

Country

USA

Zip

32408

Country

USA

8. Name and Address of Current Registered Agent

Name

Cameron Skinner

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

2023 Thomas dr

Apt #, Etc.

City

Panama City Bch

State

FL

Zip Code

32408

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

C. Skinner

REGISTERED AGENT MUST SIGN

Date

4-9-2015

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	Cameron Skinner	2023 Thomas dr	Panama City Bch FL 32408
			S. HAWKES
			APR 15 A.M.
			EXAMINER

REINSTATEMENT

2012 - 2015

11. E-mail Address

cfskinner@comcast.net

(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

C. Skinner

Date

4-9-15

Daytime Phone #

850-258-8888

Typed or printed name of signing authorized representative/member

Cameron Skinner