LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

L10000115406

DOCUMENT# 1. Limited Liability Company's Name

MILLERS FERRY TWO, LLC

FILED

14 MAY 19 PM 1: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

		•						
2 Principal	Office Address - No P.O. Box #	3 Mailing Office Add	Mailing Office Address			CR2E041 (1/14)		
120 E MAIN ST. Suite, Apt. #, etc. Suite A		1	_					
			Suite, Apt. #, etc.		4. State/Country of Formation FL - USA 5. Date Organized or Qualified			
		Suite, Apt. #, etc.						
		suite A			To Do Business in Florida			
City & State		City & State			6. FEI Number Applied For			
PENS	A COLA FL Country	PENSACOL	- A	FL	27.53		Not Applicable	
Zip	Country	Zip	Co	ountry	7.			
3250	2 USA	32502	ι	15 A	1 ' '		Additional Fee required a Certificate of Status	
	8. Name and Add	iress of Current Registered	Agent		}			
Name					1			
Street Add	IE AL X AS H dress (P.O. Box Number is Not Acc	eptable)						
120 E. MAIN ST. Suite Aot # Etc.								
Suite, Apt. #, Etc.					1			
<u> </u>	vite A				40	i02596179 [.]	74	
City			State Zip Co		04/29.	00259617374 /1401024013 **655.00		
P 6	ENSACOLA		FL	32502				
10. Nam	es and Street Addresses of Author Name of		rs	Street Address of Ea		City / State		
	Authorized Representatives/ Managers			uthorized Representa Manager			•	
M.C.R.	NEAL NASH	12	0 E.	MAIN ST, S	STE.A	PENSACOLA, F	32502	
·								
	MAY 2 1 2014					1-1-1-0-2	<u> </u>	
) (5) (5) (5) (5) (5) (5)	# 1 T	778.7	~·		W14-61		
	L. SELLERS	RE	IIN	STATE	MEN	T 201	2014	
11. E-mail /	Address: MARIE	@ MARTINE	S , C	or annual report notifica	ations)			
when filing that all fees as if made a Signature o	y that I am an authorized represent this reinstatement application that sowed by the limited liability compo- under oath. I am aware that also in the Representative/Manager	eason for dissolution has been my have been paid. The inform	n eliminate nation indi	d, the limited liability cated on this applicat of State constitutes a	company name sati ion is true and accu third degree felony	sfies the requirements of sectio irate, and my signature shall ha	n 605.0012. F.S., and we the same legal effec	
Tvoed or pri	inted name of sloning Authorized R	epresentative/Manager						
λ/A	AL WASH							