

L11000036080

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY**  
**2012 Annual Report**  
**DOCUMENT # L11-36080**

**FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**FILED**  
**12 MAY -1 PM 1:34**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

1. Limited Liability Company's Name

**Water Bluff Arms LLC**

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # <b>2509 Water Bluff Drive</b>		3. Mailing Office Address <b>2509 Water Bluff Drive</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Jacksonville Florida</b>		City & State <b>Jacksonville Florida</b>	
Zip <b>32218</b>	Country <b>USA</b>	Zip <b>32218</b>	Country <b>USA</b>

4. State/Country of Formation <b>Florida</b>	
5. Date Organized or Qualified To Do Business in Florida <b>03/25/2011</b>	
6. FEI Number <b>45-1331347</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name <b>Douglas A. Tilley Jr.</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>2509 Water Bluff Drive</b>		
Suite, Apt. #, Etc.		
City <b>Jacksonville Florida</b>	State <b>FL</b>	Zip Code <b>32218</b>

E-mail Address:  
**600238488766**  
**08/14/12--01021--013 \*\*73.00**  
**waterbluffarms@gmail.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

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	<b>Douglas A. Tilley Jr.</b>	<b>2509 Water Bluff Drive</b>	<b>Jacksonville Florida 32218</b>
MGRM	<b>Vickie D. Tilley</b>	<b>2509 Water Bluff Drive</b>	<b>Jacksonville Florida 32218</b>

**N. CAUSSEAU**  
**AUG 9 2012**  
**EXAMINER**

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

**DOUGLAS A. TILLEY JR.**

**8/10/12**

**904-237-7655**