

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 OCT 17 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L1100000564

1. Limited Liability Company's Name
DOUBLE M PROPERTIES, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 11547-116 TH ST. N.		3. Mailing Office Address 11547-116 TH ST. N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LARGO, FL		City & State LARGO, FL	
Zip 33778	Country PINELLAS	Zip 33778	Country PINELLAS

4. State/Country of Formation
FLORIDA USA

5. Date Organized or Qualified To Do Business in Florida
04/05/2011

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
MARLENE M. MARLOWE

Street Address (P.O. Box Number is Not Acceptable)
11547-116 TH ST. N.

Suite, Apt. #, Etc.

City
LARGO

State
FL

Zip Code
33778

400265574434
10/17/14-01025-024 **238 75

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 *Marlene M. Marlowe* Date 10-14-14

REGISTERED AGENT MUST SIGN

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	MARLENE M. MARLOWE	11547-116 TH ST. N.	LARGO, FL 33778
MGR	ROBERT X. MARLOWE	11547-116 TH ST. N.	LARGO, FL 33778

11. E-mail Address: MMARLOWE@TAMPAPAY.RR.COM
(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 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 805.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager *Marlene M. Marlowe* Date 10-14-14 Daytime Phone # 727-392-4187

Typed or printed name of signing Authorized Representative/Manager MARLENE M. MARLOWE

K. ASHTON