

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L11000134711

1. Limited Liability Company's Name

Saint Augustine Holding Company LLC

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

1124 Hawk Watch Cir

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

1124 Hawk Watch Cir

Suite, Apt. #, etc.

N/A

City & State

St Augustine FL

City & State

St Augustine FL

Zip

32092

Country

St John

Zip

32092

Country

St John

8. Name and Address of Current Registered Agent

Name

John Dennehy

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

1124 Hawk Watch Cir

Apt. #, Etc.

N/A

City

St Augustine

State

FL

Zip Code

32092

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

John Dennehy

REGISTERED AGENT MUST SIGN

Date

08-05-15

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
CEO	John Dennehy	1124 Hawk Watch Cir	St Augustine FL 32092
Mng	Aasha Dennehy	1124 Hawk Watch Cir	St Augustine FL 32092
REINSTATEMENT			S. HAWKES
2014-2015			AUG 10 A.M. EXAMINER

11. E-mail Address: Cordova154apartments@yahoo.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 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

John Dennehy

Date

08-05-15

Daytime Phone #

415-871-1059

Typed or printed name of signing authorized representative/member

John Dennehy

FILED

15 SEP 15 AM 11:59

HASST F FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

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

000275977070  
03/15/15--01022--014 \*\*138.75

000275977070  
08/11/15--01025--031 \*\*238.75