

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
14 NOV 25 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name  
**L12000141501**

**King Family Property - Macon 14.49, LLC**

CR2E041 (1/14)

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

**6260 Cherokee Way**

Suite, Apt. #, etc.

3. Mailing Office Address

**6260 Cherokee Way**

Suite, Apt. #, etc.

City & State

**Suwannee, Georgia**

City & State

**Suwannee, Georgia**

Zip

**30024**

Country

**USA**

Zip

**30024**

Country

**USA**

4. State/Country of Formation

**Florida, USA**

5. Date Organized or Qualified  
To Do Business in Florida  
November 7, 2012

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

**Donald C. Stevens**

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

**1051 S.E. 52nd Court**

Suite, Apt. #, Etc.

City

**Ocala**

State

**FL**

Zip Code

**34471**

**600266885686**  
**11/25/14--01002--004 \*\*1671.25**

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

**REGISTERED AGENT MUST SIGN**

Date **10-30-14**

**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
AM	King Family Combined Property, LLC	6260 Cherokee Way	Suwanee, Georgia 30024

**REINSTATEMENT**

**NOV 25 2014**

**R. HUNT**

11. E-mail Address: **bobki52@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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

**10-30-14**

Daytime Phone # **(770) 886-9080**

Typed or printed name of signing Authorized Representative/Manager

**William R. King, Jr.**