

2016 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L13000127632

1. Entity Name
THE WILDERNESS CABIN LLC



16 SEP 27 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1900 CAPTIAL CIRCLE NE
TALLAHASSEE, FL 32308 US

Mailing Address
1900 CAPTIAL CIRCLE NE
TALLAHASSEE, FL 32308 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

147 Summer Cove

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09272016 REIN-LLC CR2E101 (12/11)

City & State

City & State

Thomomville

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

6A

3179Z

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, DALE
1900 CAPTIAL CIRCLE NE
TALLAHASSEE, FL 32308

Name

Estelle Graham, Mary

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

1900 Captial Circle NE

City

Tallahassee Fla

FL

Zip Code

32308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Sep 26 2016

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2017, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
ESTELLE GRAHAM, MARY
1900 CAPTIAL CIRCLE NE
TALLAHASSEE, FL 32308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

700290696907
09/28/16--01005--004 **238.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

E-MAIL ADDRESS

S. HAWKES

SEP 27 A.M.

EXAMINER

☐ Change ☐ Addition

☐ Change ☐ Addition

Sep 26 2016

The Wilderness Cabin LLC

Document # L13000127632

Please remove Email Address
used By Gegal Zoom, comp

We have no E-mail please
send notice by mail for renewal
each year

Dale Gerner
Mary Gerner

147 Summer Creek Court
Thomasville GA

31792

954 - 684 - 8488

16 SEP 20 AM 8:36

SECURITY STATE
TALLAHASSEE FLORIDA