

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

15 MAR -5 PM 8:50  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
FLORIDA

DOCUMENT # L13000140154

1. Limited Liability Company's Name  
**Tralee Cricket Club, LLC**

2. Principal Office Address - No P.O. Box #  
**7400 East Orchard Rd**

Suite, Apt. #, etc.  
**Suite 250 South**

City & State  
**Greenwood Village CO**

Zip Country  
**80111 USA**

3. Mailing Office Address  
**7400 East Orchard Rd**

Suite, Apt. #, etc.  
**Suite 250 South**

City & State  
**Greenwood Village CO**

Zip Country  
**80111 USA**

4. State/Country of Formation  
**Florida USA**

5. Date Organized or Qualified  
To Do Business in Florida  
10/4/2013

6. FEI Number  
**46-3938274**

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/14)

**8. Name and Address of Current Registered Agent**

Name  
**Ana H. Vazquez**

Street Address (P.O. Box Number is Not Acceptable)  
**1641 Cricket Club Circle**

Suite, Apt. #, Etc.

City State Zip Code  
**Orlando FL 32828**

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03/05/15--01022--022 \*\*377.50

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

*Ana H. Vazquez*  
REGISTERED AGENT MUST SIGN

Date 03/02/15

**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
Property Manager	Ana H. Vazquez	1641 Cricket Club Circle	Orlando, FL 32828

**REINSTATEMENT**

MAR-05-2015

R. HUNT

11. E-mail Address: cricketclub.mgr@ram-mgt.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 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 03/02/2015

Daytime Phone # 407-384-7013

Typed or printed name of signing Authorized Representative/Manager Ana H. Vazquez