


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

16 MAY -5 AM 0:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT 2015-2016</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L14000002159

1. Limited Liability Company's Name  
417 Spring LLC

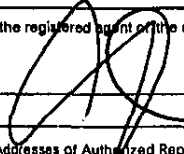
300285484823  
05/05/16--01020--006 \*\*377.50

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 240 S. Bridge Street		3. Mailing Office Address 240 S. Bridge Street	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State DeWitt, MI		City & State DeWitt, MI	
Zip 48820	Country USA	Zip 48820	Country USA

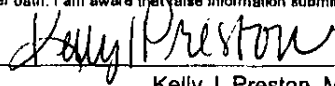
4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 1/6/14	
6. FEI Number 46-4653947	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent		
Name John C. Goede, P.A.		
Street Address (P.O. Box Number is Not Acceptable) Suite, 8950 Fontana Del Sol Way, Suite 100		
Apt. #, Etc.		
City Naples	State FL	Zip Code 34109

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 	Date 4/29/2016
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	Kelly J. Preston	240 S. Bridge Street, Suite 300	DeWitt, MI 48820

11. E-mail Address:
(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 	Date 4/22/2016
Daytime Phone # 517-277-0500	
Typed or printed name of signing authorized representative/member Kelly J. Preston, Manager	

K. ASHTON