


# 2015 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED  
AND  
FILED

15 OCT 21 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L14000024296			
1. Entity Name LEEMAR 525, LLC			
Principal Place of Business 5225 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327		Mailing Address 5225 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327	
2. Principal Place of Business - No P.O. Box # 525 Crawfordville Hx		3. Mailing Address 525 Crawfordville Hx	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Crawfordville FL		City & State Crawfordville FL	
Zip 32327	Country Wekulla	Zip 32327	Country Wekulla
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACK, JOHN W 2155 DELTA BLVD., SUITE 210-A TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name MARVIN Lee MCKENZIE Street Address (P.O. Box Number is Not Acceptable) 525 Crawfordville Hx City Crawfordville FL Zip Code 32327	
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 <i>Marvin Lee McKenzie</i>		DATE 10-21-15	
FILE NOW!!! FEE IS \$238.75 After January 1, 2016, 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 MCKENZIE, MARVIN L <input type="checkbox"/> Delete 5225 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARVIN Lee MCKENZIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 525 Crawfordville Hx Crawfordville Fla 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600278349056 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/21/15--01009--027 **238.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition GLH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OCT 21 2015 <input type="checkbox"/> Change <input type="checkbox"/> Addition R. HUNT
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: <i>Marvin Lee McKenzie</i>		10-21-15 MARVIN MCKENZIE <i>EMBARD</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	
		E-MAIL ADDRESS mail-com	