

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY

FLORIDA DEPARTMENT OF STATE

FILED

02 SEP 27 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800008152508--3  
-10/02/02--01032--006  
\*\*\*\*250.00 \*\*\*\*250.00

DOCUMENT # L99000006518

1. Limited Liability Company's Name

Louisa Street Property, LLC

2. Principal Office Address

6000 Executive Boulevard

Suite, Apt. #, etc.

Suite 700

City & State

Rockville, Maryland

Zip

20852

Country

USA

3. Mailing Office Address

6000 Executive Boulevard

Suite, Apt. #, etc.

Suite 700

City & State

Rockville, Maryland

Zip

20852

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

10/8/1999

6. FEI Number

52-2198099

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

Wayne LaRue Smith, Esq., The Smith Law Firm

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

333 Fleming Street

Suite, Apt. #, Etc.

City

Key West

State  
FL

Zip Code  
33040

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Wayne LaRue Smith*

REGISTERED AGENT MUST SIGN

Date

9-24-2002

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Joel S Meisel	6000 Executive Boulevard	Rockville, Maryland 20852

11. I certify that I am managing member/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 608.406, 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.

Signature of  
Managing Member/Manager

*Joel S Meisel*

Date

9/24/2002

Daytime Phone #

301-881-7800

Typed or printed name of signing Managing Member/Manager