## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY					DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS  09 JUL 14 PM 1: 48			
DOCUMENT # M05000006905  1. Limited Liability Company's Name  RICHMOND HONAN PROPERTY MANAGEMENT, LLC											
975 JOHNSON FERRY ROAD 975 JOI Suite, Apt. #, etc. Suite, Apt.					Office Address INSON FERRY ROAD			CR2E041 (10/08)  4. State/Country of Formation GA/United States  5. Date Organized or Qualified			
City & State Atlanta, GA				450 City & State Atlanta, GA				5. Date Organ To Do Bus 6. FEI Numbe 20-382434	ber Applied For		
<sup>Zip</sup> 30342				<sup>Zip</sup> 30342		Fulte	-	7. CERTIFICATE	CERTIFICATE OF STATUS DESIRED 55.00 Additi		
Name Richmond at Fletcher Tower, LLC  Street Address (P.O. Box Number is Not Acceptable) 3000 Medical Park Drive  Suite, Apt #, Etc. Suite 450  City Tampa  9. I, being appointed the registed agent of the above named limite Signature of Registered Agent					State Zip Code FL 33613			A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
				GISTERED AG		SIGN			Date SST 0, 1		
Titles	nes and Street Addresses of Managing Members/N Name of Managing Members/Managers				Street Address of Eacl Managing Member/Mana				City / State / Zip		
MGRM	Lea Richmond III				975 Johnson Ferry Road Suite			uite 450	Atlanta, GA 30342		
MGRM	Scott C. Honan				975 Johnson Ferry Road Suite 450			uite 450	Atlanta, GA 30342		
MGR	Lisa Beck				975 Johnson Ferry Road Suite 450			uite 450	Atlanta, GA 30342		
						2 <b>0</b> 07/10		10158360002 10901056005 ++655.00			
	REIN	STAT	EMENT _	2006	- 20	9					
filing th all fees as if ma	is reinstateme s owed by the l lade under oat	ent applica limited liab th.	tion the reason for	dissolution has	been elimina Information	ited, the Indicat	e limited liability comp ed on this application	pany name satisfie i is true and accura	ed for in chapter 608, F.S. I further ce is the requirements of section 608.408 ate, and my signature shall have the s	s, F.S., and that ame legal effect	
	fember/Manag		anaging Member/	ManagerŚ			Date Date		Daytime Phone #(404) 255-63		