H11000002018

# Florida Department of State
## Division of Corporations
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L. SELLERS
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EXAMINER

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** _____

## LIMITED LIABILITY REINSTATEMENT
## SLV MILLSTONE, L.L.C.

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Limited Liability Company's Name

SLV Millstone, L.L.C.

CR2E041 (1/11)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 201 N. Franklin Street | 591 West Putnam Avenue |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Suite 2200 | |
| City & State | City & State |
| Tampa, FL | Greenwich, CT |
| Zip / Country | Zip / Country |
| 33602 / USA | 6830 / USA |

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: May 3, 2010

6. FEI Number: 27-2452454 ☐ 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: The Corporation Trust Company

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

E-mail Address: nrichman@starwood.com
(To be used for future annual report notices)

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: Madonna Cuddihy Date: 11-17-11
REGISTERED AGENT MUST SIGN
Special Assistant Secretary

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 |
|---|---|---|---|
| Pres. | Michael Moser | 6310 Capital Cir SE 130 Bradenton | Bradenton, FL 34202 |
| | | | |
| | | | |
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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 608.508, 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 Managing Member/Manager: _____ Date: 11/9/11 Daytime Phone #: 941.388.0707

Typed or printed name of signing Managing Member/Manager: Michael Moser

FL110 - 01/13/2011 CT System Online