

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M1400000879

1. Limited Liability Company's Name

**SIERRA RIDGE PROPERTIES, LLC, A VIRGINIA LIMITED LIABILITY
COMPANY**

2. Principal Office Address - No P.O. Box #

10 S NEW ST

Suite, Apt. #, etc.

City & State

STAUNTON, VA

Zip

24401

Country

3. Mailing Office Address

10 S NEW ST

Suite, Apt. #, etc.

City & State

STAUNTON, VA

Zip

24401

Country

8. Name and Address of Current Registered Agent

Name

J. THOMAS CONROY, III

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

CONROY, CONROY, & DURANT, P.A.

Apt. #, Etc.

2210 VANDERBILT BEACH ROAD, SUITE 1201

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

X

REGISTERED AGENT MUST SIGN

Date

X 11/3/15

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
AR	KENT D. CARR	10 S NEW ST	STAUNTON, VA 24401

S. HAWKES

NOV 2 A.M.

EXAMINER

11. E-mail Address: **iriscarr@comcast.net**

(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

10-28-15

Daytime Phone #

540-255-4016

Typed or printed name of signing authorized representative/member

KENT D. CARR, MANAGING MEMBER

FILED

15 NOV 10 AM 9:31

**SECRETARY OF STATE
ALLIANCE FLORIDA**

**600279018206
11/10/15--01026--017 **238.75**

CR2E041 (1/14)

4. State/Country of Formation

VIRGINIA, USA

5. Date Organized or Qualified
To Do Business in Florida

02/06/2014

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status