

6/9/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**LIMITED LIABILITY REINSTATEMENT
BAYMEADOWS VILLAGES GARDENS ASSOCIATES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$516.25

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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 17 JUN -9 PM 4:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # MI4000002753																																	
1. Limited Liability Company's Name Baymeadows Villages Gardens Associates, LLC																																	
2. Principal Office Address - No P.O. Box # 999 Waterside Drive Suite, Apt. #, etc. Suite 2300 City & State Norfolk, VA Zip 23510		3. Mailing Office Address 999 Waterside Drive Suite, Apt. #, etc. Suite 2300 City & State Norfolk, VA Zip 23510		4. State/Country of Formation DE/USA 5. Date Organized or Qualified To Do Business in Florida 4/23/2014 6. FEI Number 46-5324105																													
Country USA		Country USA		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																													
8. Name and Address of Current Registered Agent Name C.T. Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324																																	
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 _____ Date _____ <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>																																	
10. Names and Street Addresses of Authorized Representatives/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Authorized Representatives/Managers</th> <th style="width: 30%;">Street Address of Each Authorized Representative/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>T. Richard Litton, Jr.</td> <td>999 Waterside Drive, Suite 2300</td> <td>Norfolk, VA 23510</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip	Manager	T. Richard Litton, Jr.	999 Waterside Drive, Suite 2300	Norfolk, VA 23510																				
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11. E-mail Address: _____ <small>(To be used for future annual report notifications)</small>																																	
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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of Authorized Representative/Manager _____ Date <u>6/9/2017</u> Daytime Phone # <u>757-640-0800</u> Typed or printed name of signing Authorized Representative/Manager <u>T. Richard Litton, Jr., Manager of Baymeadows Villages Managing Co., LLC, sole manager of Baymeadows Villages Gardens Associates, LLC</u>																																	

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