

6/9/2017

Division of Corporations

Florida Department of State
Division of Corporations
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Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

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

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LIMITED LIABILITY REINSTATEMENT
37 EAST BAYMEADOWS VILLAGE, LLC

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

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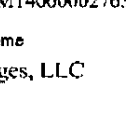
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<p style="font-size: 1.2em; margin: 0;">FILED</p> <p style="margin: 0;">17 JUN -9 AM 8:06</p> <p style="font-size: 0.8em; margin: 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>			
DOCUMENT # M14000002763							
1. Limited Liability Company's Name 37 East Baymeadows Villages, LLC							
2. Principal Office Address - No P.O. Box # 999 Waterside Drive		3. Mailing Office Address 999 Waterside Drive		CR2E041 (1/14) 4. State/Country of Formation DE/USA 5. Date Organized or Qualified To Do Business in Florida 4/23/2014 6. FEI Number 46-5459288 <table border="1" style="float: right; width: 100px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
Suite, Apt. #, etc. Suite 2300		Suite, Apt. #, etc. Suite 2300					
City & State Norfolk, VA		City & State Norfolk, VA					
Zip 23510	Country USA	Zip 23510	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 _____			
REGISTERED AGENT MUST SIGN							
10. Names and Street Addresses of Authorized Representatives/Managers							
Titles	Name of Authorized Representative/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip				
Manager	T. Richard Litton, Jr.	999 Waterside Drive, Suite 2300	Norfolk, VA 23510				
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 37 East Bay Meadows Villages Managing Co., LLC,</u> <u>sole manager of 37 East Bay Meadows Villages, LLC</u>							

Rg 6/13/17