

6/9/2017

Division of Corporations

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
37 EAST CASA DEL MAR, LLC

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



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M14000002776			
1. Limited Liability Company's Name 37 East Casa Del Mar, LLC			
2. Principal Office Address - No P.O. Box # 999 Waterside Drive Suite, Apt. #, etc. Suite 2300 City & State Norfolk, VA Zip 23510 Country USA		3. Mailing Office Address 999 Waterside Drive Suite, Apt. #, etc. Suite 2300 City & State Norfolk, VA Zip 23510 Country USA	
4. State/Country of Formation DE/USA		5. Date Organized or Qualified To Do Business in Florida 4/23/2014	
6. FEI Number 46-5373891		Applied For <input type="checkbox"/> Not Applicable	
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 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
11. E-mail Address _____ (To be used for future annual report notifications)			
12. I certify that I am an authorized representative/manager of 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 6/9/2017 Daytime Phone # 757-640-0800 T. Richard Litton, Jr., Manager of 37 East Casa Del Mar Managing Co., LLC, sole manager of Typed or printed name of signing Authorized Representative/Manager 37 East Casa Del Mar, LLC			

T HENDERSON
JUN 12 2017