

6/9/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
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.****

Email Address: _____

**LIMITED LIABILITY REINSTATEMENT
CASA DEL MAR GARDENS MANAGING CO., LLC**

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

FLORIDA
DEPARTMENT OF STATE

2017 JUN -9 PM 4:58

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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 #** M14000002825

1. Limited Liability Company's Name

Casa Del Mar Gardens Managing Co., LLC

2. Principal Office Address - No P.O. Box #
999 Waterside DriveSuite, Apt. #, etc.
Suite 2300City & State
Norfolk, VAZip Country
23510 USA3. Mailing Office Address
999 Waterside DriveSuite, Apt. #, etc.
Suite 2300City & State
Norfolk, VAZip Country
23510 USA4. State/Country of Formation
DE/USA5. Date Organized or Qualified
To Do Business in Florida
4/23/2014

6. FEI Number

Applied For

☒ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

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
PlantationState Zip Code
FL 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 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 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

T. Richard Litton, Jr., Manager

Date 6/9/2017

Daytime Phone # 757-640-0800

Typed or printed name of signing Authorized Representative/Manager

T HENDERSON
JUN 12 2017