

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL 16 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Merrill Gardens Vero Beach, LLC
M99000000456

2. Principal Office Address

1938 Fairview Avenue East

Suite, Apt. #, etc.

Suite 300

City & State

Seattle, WA

Zip

98102

Country

U.S.A.

3. Mailing Office Address

701 Fifth Avenue

Suite, Apt. #, etc.

Suite 5000

City & State

Seattle, WA

Zip

98104-7078

Country

U.S.A.

4. State/Country of Formation

Washington

5. Date Organized or Qualified

To Do Business in Florida

March 26, 1999

6. FEI Number

91-1941212

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT 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 608, F.S.

Signature of
Registered Agent

Connie Bryan *Connie Bryan Special Asst. Secy.*

Date *7-16-01*

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Merrill Gardens L.L.C.	1938 Fairview Ave. East, #300	Seattle, WA 98102

11. I certify that I am managing member/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 608.406, 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.

Signature of
Managing Member/Manager

Douglas D. Spear

Date *7-12-01*

Daytime Phone # (206) 676-5300

Typed or printed name of signing Managing Member/Manager *Douglas D. Spear, authorized representative of Merrill Gardens*

CR2E041 (9/00)