

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000030420

**Entity Name:** 1723 COMARES, LLC

**Current Principal Place of Business:**

23 COMARES AVE  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

5744 CASTLEBAY DR.  
SPRINGFIELD, MO 65809 US

**FEI Number:** 47-1119239

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

VO, AMY M  
104 SEA GROVE MAIN STREET  
ST. AUGUSTINE, FL 32080 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** AMY VO

04/26/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name GREINER, BRYAN CHRISTOPHER  
Address 912 OCEAN PALM WAY  
City-State-Zip: ST. AUGUSTINE FL 32080

Title MANAGER  
Name JOHN F. YOUNGBLOOD TRUST  
Address 5744 CASTLEBAY DR.  
City-State-Zip: SPRINGFIELD MO 65809

Title MANAGER  
Name CALHOUN CAPITAL FAMILY LIMITED  
PARTNERSHIP, LLC  
Address 3900 E. VILLA WAY  
City-State-Zip: SPRINGFIELD MO 65809

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRYAN GREINER

MANAGER

04/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date