

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 12 AM 9:41

DOCUMENT # L02000024687

1. Limited Liability Company's Name

Trixies Treats, LLC

W07-4796

900109530489
09/18/07--01060--001 **200.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
8285 Via Leonessa

Suite, Apt. #, etc.

3. Mailing Office Address
8285 Via Leonessa

Suite, Apt. #, etc.

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33433

Country
USA

Zip
33433

Country
USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida **9/20/2002**

6. FEI Number
412088941

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
Lynda Facci

Street Address (P.O. Box Number is Not Acceptable)
8285 Via Leonessa

Suite, Apt. #, Etc.

City
Boca Raton

State
FL

Zip Code
33433

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date **9/14/07**

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	Lynda Facci	8285 Via Leonessa	Boca Raton, FL 33433

FF \$250.00

200110940402
10/18/07--01009--013 **50.00

REINSTATEMENT

w/p 2005-2007

WLF

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

Date **9/14/07** Daytime Phone # **561-212-0635**

Typed or printed name of signing Managing Member/Manager **Lynda Facci**