


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
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LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L15000166737
 1. Limited Liability Company's Name
 SUNTRUST ALLIANCE, L.L.C.

500326335825 \$655.00
 U3/14/19--U1023--U18 **685.00

2. Principal Office Address - No P.O. Box #
 1771 W CAROLINE PATH
 Suite, Apt. #, etc.

3. Mailing Office Address
 1771 W CAROLINE PATH
 Suite, Apt. #, etc.

City & State
 Lecanto, FL

City & State
 Lecanto, FL

Zip Country
 34461 U.S.

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 34461 U.S.

CR2E041 (1/14)

4. State/Country of Formation
 Florida/Citrus

5. Date Organized or Qualified To Do Business in Florida
 9/28/15

6. FEI Number 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
 Gary Keller

Street Address (P.O. Box Number is Not Acceptable) Suite,
 1771 W CAROLINE PATH

Apt. #, Etc.

City State Zip Code
 Lecanto FL 34461

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 Robert S. Vicari Date 3/11/19
 REGISTERED AGENT MUST SIGN Personal Representative of The Estate of Gary Keller

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
MGR	Gary Keller	1771 W CAROLINE PATH	LECANTO, FL 34461
			S TALLENT
			MAR 26 2019

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 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member Robert S. Vicari Date _____ Daytime Phone # 352-527-0229
 Typed or printed name of signing authorized representative/member Robert S. Vicari, Personal Representative of the Estate of Gary Keller