


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L15000081512			
1. Limited Liability Company's Name Palmer St, LLC			
2. Principal Office Address - No P.O. Box # 100 S. Tremain St.		3. Mailing Office Address P.O. Box 1261	
Suite, Apt. #, etc. J-1		Suite, Apt. #, etc.	
City & State Mount Dora		City & State Mount Dora, FL	
Zip 32757	Country USA	Zip 32756	Country USA
8. Name and Address of Current Registered Agent			
Name Muriel L. Kelly			
Street Address (P.O. Box Number is Not Acceptable) Suite, 100 S. Tremain St.			
Apt. #, Etc. J-1			
City Mount Dora		State FL	Zip Code 32757
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 Muriel L. Kelly		Date Oct. 20, 2016	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR:	Verandah Properties	4767 New Broad St	Orlando, FL 32814
11. E-mail Address: mudlake@aol.com (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 Muriel L. Kelly		Date 10/20/16	Daytime Phone (352) 935-1812
Typed or printed name of signing authorized representative/member Muriel L. Kelly			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified To Do Business in Florida

May 7, 2015

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required for a certificate of status

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