

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2021 JAN 21 P 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

4 WILLOW GREEN LLC

L19000044972

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

2000 Jones Road

3. Mailing Office Address

2000 Jones Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Granville, OH

City & State

Granville, OH

Zip

43023

Country

USA

Zip

43023

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

02/21/2019

6. FEI Number

83-3939031

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

NRAI SERVICES, INC.

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

000358621840

JAN 27 2021

D CONNELL

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

*Stephanie Hencz*

Stephanie Hencz Assistant Secretary

Date 1/20/2021

REGISTERED AGENT MUST SIGN

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
AMBR	Andrew Joseph	2000 Jones Road	Granville, OH 43023

11. E-mail Address: JSchirra@dickinsonwright.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

*Andrew Joseph*

Date 1-20-2021

Daytime Phone # 614-354-4451

Typed or printed name of signing Authorized Representative/Manager Andrew Joseph

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 01/21/2021

Acc#120160000072

*W: C SW*

Name:	4 WILLOW GREEN LLC
Document #:	
Order #:	13457064

Certified Copy of Arts & Amend:	<input type="checkbox"/>	1/2 Filing Reinstatement then Cancellation	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ up to \$407.50

*001 101 100*

Thank you!



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 22, 2021

CT CORP

SUBJECT: 4 WILLOW GREEN LLC  
Ref. Number: L19000044972

**CORRECTED**  
**Please Allow For**  
**Same File Date**

We have received your document for 4 WILLOW GREEN LLC and the authorization to debit your account in the amount of \$407.50. However, the document has not been filed and is being returned for the following:

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 605.0715, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 021A00001464

\*PART 2 OF THE FILING WILL BE FILED AS SOON AS PART 1 HAS BEEN CORRECTED.\*

2021 JAN 26 PM 4:27  
Sent back  
1/26/21