

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L0000000 5542

1. Limited Liability Company's Name

1701 Mayo Street LLC

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3107 NE 40th Court

Fort Lauderdale, FL

33308

FILED

10 MAR -3 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000168243020
02/08/10--01062--018 **238.75
CR2E041 (11/09)

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

5/15/2000

6. FEI Number

651013835

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

Greg Anderson

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

3107 NE 40th Ct

Suite, Apt. #, Etc.

Fort Lauderdale FL 33308

City

State

Zip Code

FL

33308

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1/25/10

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
<u>MEM</u>	<u>Greg Anderson</u>	<u>3107 NE 40th Ct</u>	<u>Fort Lauderdale FL 33308</u>

000168243020

02/26/10--01041--030 **138.75

REINSTATEMENT 2009-10

11. E-mail Address: greg@timelesslifecare.com

(To be used for future annual report notifications)

12. 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

[Signature]

Date 2/2/10

Daytime Phone #

954-536-4000

Typed or printed name of signing Managing Member/Manager

N. G. G. G.