

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # ~~L00000009980~~ L00000009980

1. Limited Liability Company's Name

**Kanan Albany LLC**

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

800 S. Dillard St

Suite, Apt. #, etc.

3. Mailing Office Address

800 S. Dillard St

Suite, Apt. #, etc.

City & State

Winter Garden FL

City & State

Winter Garden FL

Zip

34787

Country

U.S.A.

Zip

34787

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 08/14/2000

6. FE Number

46-6350653

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

Lisa Combs

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

800 S. Dillard St.

Suite, Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34787

E-mail Address:

000241795170

11/14/12--01010--010 \*\*377.50

lisa@sbmcpa.us

(To be used for future annual report notices)

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

*Lisa Combs*

Date 10/24/12

REGISTERED AGENT MUST SIGN

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
mgr	Rhonda Kanan	800 S. Dillard St	Winter Garden FL 34787

**REINSTATEMENT**  
2011-12

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. 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 Managing  
Member/Manager

*Rhonda Kanan*  
Rhonda Kanan, Manager

Date 10/22/12

Daytime Phone # 407-376-1383

J. SAULSBERRY  
EXAMINER

NOV 15 2012