

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10/27

FILED

03 OCT 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000012148

1. Limited Liability Company's Name

L & S PARTNERS, LLC

2. Principal Office Address

476 SEAWINDS DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

476 SEAWINDS DRIVE

Suite, Apt. #, etc.

City & State

SANTA ROSA BEACH, FL

City & State

SANTA ROSA BEACH, FL

Zip

32459

Country

USA

Zip

32459

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3698527

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

RICK SENNER

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

476 SEAWINDS DRIVE

Suite, Apt. #, Etc.

100024294461

10/30/03--01058--021--**50.00

City

SANTA ROSA BEACH

State

FL

Zip Code

32459

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

REGISTERED AGENT MUST SIGN

Date

10/28/03

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
P	Rickey SENNER	476 SEAWINDS DRIVE	SANTA ROSA BEACH, FL 32459
V	BRYAN LANDRY	304 FAIRFIELD AVENUE	GRETN, LA 70056

REINSTATEMENT
RECEIVED

03

dcc

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.

Signature of
Managing Member/Manager

Date

10/28/03

Daytime Phone #

850-259-1931

Typed or printed name of signing Managing Member/Manager

Rickey SENNER

2 of 2

October 28, 2003

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

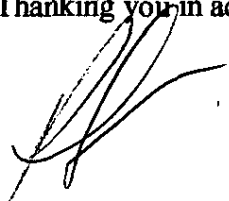
Re: Reinstatement Request

Gentlemen:

I am requesting reinstatement of the attached Florida Limited Liability Corporation. A recent move from 109 Rose Coral Drive, Panama City Beach, FL 32408, the previous address of record, to 476 Seawinds Drive, Santa Rosa Beach, FL prevented me from receiving the LLC Uniform Business Report/Annual Report Form.

I have enclosed the \$50.00 Annual Report Fee and I am requesting your waiving of the \$100.00 reinstatement fee due to the circumstances.

Thanking you in advance for your consideration, I remain



Rickey Senner
L&S Partners, LLC
476 Seawinds Drive
Santa Rosa Beach, FL 32459

Handwritten note at bottom of page:
This is being sent to Florida Department of State