

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

2007-2014



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 FEB 18 AM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L010000008778**

1. Limited Liability Company's Name

Harrison Ranch, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 35100 SR 64 E		3. Mailing Office Address 35100 SR 64 E	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Myakka City, FL		City & State Myakka City, FL	
Zip 34251	Country	Zip 34251	Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **06/01/2001**

6. FEI Number ☐ 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 Roy W. Cohn			
Street Address (P.O. Box Number is Not Acceptable) 35100 SR 64 E			
Suite, Apt. #, Etc.			
City Myakka City	State FL	Zip Code 34251	

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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

Roy W. Cohn
REGISTERED AGENT MUST SIGN

Date **02/13/2014**

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
MGRM	John Falkner	35100 SR 64 E	Myakka City, FL 34251

11. E-mail Address: **ahouston@falknergrou.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

John Falkner

Date **02/13/2014**

Daytime Phone # **941-322-2016**

Typed or printed name of signing Authorized Representative/Manager **John Falkner**

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