

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 NOV 25 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000008933

1. Limited Liability Company's Name

RESOLUTION STRATEGIES, LLC

300162955003

11/19/09--01030--013 **416.25
CR2E041 (10/09)

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

1750 MARLYN ROAD

Suite, Apt. #, etc

3. Mailing Office Address

1750 MARLYN ROAD

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida **04/15/2002**

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

Zip

33901

Country

USA

Zip

33901

Country

USA

6. FEI Number

861076842

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

Sally Frizzell Coleman CPA PA

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

2283 Main Street

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33901

☒ 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 recieved and requesting the \$100 reinstatement fee 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

Sally Frizzell Coleman CPA

Date

11/10/09

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
MGRM	HEATHER D. FITZENHAGEN, ESQ.	1750 MARLYN ROAD	FORT MYERS, FL 33901

REINSTATEMENT

07-09

11. E-mail Address: **HFitzDB@aol.com**

(To be used for future annual report notifications)

12. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided 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

Heather D. Fitzenhagen

Date

11/10/09

Daytime Phone #

239-337-1973

Typed or printed name of signing Managing Member/Manager

Heather D Fitzenhagen

NOV 20 2009