

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 25 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L03000002502**

1. Limited Liability Company's Name

GREEN AKERS LLC

CR2E041 (11/09)

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

3313 SUNSET KEY CIRCLE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

UNIT 501

Suite, Apt. #, etc.

SAME

City & State

PUNTA GORDA, FL

City & State

SAME

Zip

33955

Country

USA

Zip

SAME

Country

USA

4. State/Country of Formation

FLORIDA - BROWARD

5. Date Organized or Qualified

To Do Business in Florida **01/22/2003**

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

ROBERT W. AKERS

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

3313 SUNSET KEY CIRCLE

Suite, Apt. #, Etc.

UNIT 501

City

PUNTA GORDA

State

FL

Zip Code

33955

☐ 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

Robert W. Akers

REGISTERED AGENT MUST SIGN

Date

11/20/09

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	ROBERT W. AKERS	3313 SUNSET KEY CIR UNIT 501	PUNTA GORDA, FL 33955

REINSTATEMENT

2008-09

S. HAWKES

NOV 30 2009

200163030622

11/24/09--01039--021 **382.50

11. E-mail Address: **BOBAKERS@COMCAST.NET EXAMINER**

(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

Robert W. Akers

Date

11/19/09

Daytime Phone #

941-637-7171

Typed or printed name of signing Managing Member/Manager