

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000012500

1. Limited Liability Company's Name
E & M LLC

2. Principal Office Address - No P.O. Box #
7041 Hiram Road

Suite, Apt. #, etc.

City & State
Southport, Florida

Zip Country
32409 Bay

3. Mailing Office Address
7041 Hiram Road

Suite, Apt. #, etc.

City & State
Southport, Florida

Zip Country
32409 Bay

8. Name and Address of Current Registered Agent

Name
William Michael Chatoney

Street Address (P.O. Box Number is Not Acceptable) Suite
7041 Hiram Road

Apt. #, Etc.

City State Zip Code
Southport FL 32409

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

William Michael Chatoney

REGISTERED AGENT MUST SIGN

Date **7-6-2018**

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	William Michael Chatoney	7041 Hiram Road	Southport, Florida 32409
MGRM	Elizabeth Dawn Chatoney	7041 Hiram Road	Southport, Florida 32409

11. E-mail Address **bethchatoney@gmail.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

William Michael Chatoney

Date **7-6-2018**

Daytime Phone #

850-387-3605

Typed or printed name of signing authorized representative/member

William Michael Chatoney

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/11/18--01020--003 **1210.00

CR2E041 (1/14)

4. State/Country of Formation
Florida/Bay

5. Date Organized or Qualified
To Do Business in Florida **4-4-2003**

6. FEI Number
20-0449120

Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required
for a certificate of status

M. MILLIGAN
JUL 11 2018