

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000025318

1. Entity Name
LINDA S. CLIFFORD, CRNA, P.L.



Principal Place of Business
600 NOKOMIS AVENUE SOUTH
VENICE, FL 34285

Mailing Address
600 NOKOMIS AVENUE SOUTH
VENICE, FL 34285

2. Principal Place of Business
144 Puesta Del Sol

3. Mailing Address
144 Puesta Del Sol

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Osprey, FL

City & State
Osprey, FL

Zip
34229

Country

Zip
34229

Country

09012005 REIN-LLC

CR2E101 (6/04)

4. FFI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLIFFORD, LINDA S
600 NOKOMIS AVENUE SOUTH
VENICE, FL 34285

7. Name and Address of New Registered Agent

Name
Linda C. Livingston

Street Address (P.O. Box Number is Not Acceptable)
144 Puesta Del Sol

City
Osprey

FL

Zip Code
34229

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Linda C. Livingston

Manager

10/3/05

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE Mgr
NAME Linda C. Livingston ☐ Delete
STREET ADDRESS 144 Puesta Del Sol
CITY-ST-ZIP Osprey, FL 34229

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900060720959
CITY-ST-ZIP 10/18/05--01068--003 **200.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

Linda C. Livingston

Manager

10/3/05

(Signature and typed or printed name of signing managing member, manager, or authorized representative)

Daytime Phone #

FILED

05 OCT 11 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2004-2005