

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 MAY 21 PM 12:07

DOCUMENT # L03000038408

1 Limited Liability Company's Name

700366824027
05/21/21--01020--023 **1755.00

Charles Guess, LLC

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

1165 W 16th St
Suite Apt #, etc

3. Mailing Office Address

P.O. Box 404
Suite Apt #, etc

City & State

Sanford FL
Zip Country

City & State

Sanford FL
Zip Country

32771 US

32772 US

8 Name and Address of Current Registered Agent

Name

Chuck E Guess

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

855 Oakbranch PL
Apt #, Etc

City

Sanford

State

FL

Zip Code

32771

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

Chuck E Guess
REGISTERED AGENT MUST SIGN

Date

5/18/21

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
<u>MEM</u>	<u>Chuck E Guess</u>	<u>855 Oakbranch PL</u>	<u>Sanford FL 32771</u>

REINSTATEMENT

MAY 21 2021

R. HUNT

11. E-mail Address

guess.charles@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

Chuck E Guess

Date

5/18/21

Daytime Phone #

407-321-2975