

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 21 AM 9:12

DOCUMENT # **L03000047760**

1. Limited Liability Company's Name

SLT PROPERTIES, LLC

2. Principal Office Address

3819 SAILMAKER LN
Suite, Apt. #, etc.

3. Mailing Office Address

3819 SAILMAKER LN
Suite, Apt. #, etc.

City & State

HOLIDAY FL
Zip **34691** Country **PASCO**

City & State

HOLIDAY FL
Zip **34691** Country **PASCO**

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

11-25-03

6. FEI Number

20-0444805

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

LAURENCE E. JEGGLE

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

3819 SAILMAKER LN
Suite, Apt. #, Etc.

City

HOLIDAY

State

FL

Zip Code

34691

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

Laurence E. Jeggle

REGISTERED AGENT MUST SIGN

Date **4-15-06**

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
MEM	JEGGLE, LAURENCE E.	3819 SAILMAKER LN	HOLIDAY, FL 34691
MEM	JEGGLE, SHARON M.	3819 SAILMAKER LN	HOLIDAY, FL 34691

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05/20/06 01014 012 **100.00

REINSTATEMENT 05-06

11. 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

Laurence E. Jeggle

Date **4-15-06**

Daytime Phone

(772) 742-4326

Typed or printed name of signing Managing Member/Manager

LAURENCE E. JEGGLE

Report Not Received

11/2/06