

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000003270

1. Limited Liability Company's Name

RICHARD SLIWA, LLC

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

34 SOLAR ST

Suite, Apt. #, etc.

City & State

MARY ESTHER, FL

Zip
32569

Country

3. Mailing Office Address

34 SOLAR ST

Suite, Apt. #, etc.

City & State

MARY ESTHER, FL

Zip
32569

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

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
RICHARD SLIWA

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

34 SOLAR ST

Suite, Apt. #, Etc.

City
MARY ESTHER

State
FL

Zip Code
32569

☒ 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

Richard Sluwa

Date

7-6-07

REGISTERED AGENT MUST SIGN

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	RICHARD SLIWA	34 SOLAR ST	MARY ESTHER, FL 32569

20010586882
07/10/07-01039-019 **150.00

REINSTATEMENT

05-07

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

Richard Sluwa

Date

7-6-07

Daytime Phone #

850-259-5235

Typed or printed name of signing Managing Member/Manager