

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

09 MAY 13 AM 10:10

DOCUMENT # L04000035419

1. Limited Liability Company's Name

Leeds Development

REINSTATEMENT 07-09 Sam

600155892986
05/13/09--01002--008 **316.25

CR2E041 (10/08)

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

435 Southern Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

12940 Brynwood

Suite, Apt. #, etc.

City & State

WPRB, FL

City & State

PBG, FL

Zip

Country

33405

U.S.A.

Zip

Country

33418

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-1104657

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

Robert Rosillo

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

501 Sea Oats Drive

Suite, Apt. #, Etc.

Suite A1

City

Juno Beach

State

FL

Zip Code

33409

☒ 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

Robert Rosillo
REGISTERED AGENT MUST SIGN

Date

9/24/09

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
Mr.	George L. Ford III	12940 Brynwood	PBG, FL 33418

300150067833
04/13/09--01001--004 **100.00

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

George L. Ford III

Date

3-30-09

Daytime Phone #

561-659-3134

Typed or printed name of signing Managing Member/Manager