

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04600038362

1. Limited Liability Company's Name

Peace & Tranquility, LLC

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

1111 Brickell Ave

Suite, Apt. #, etc.

Suite 2200

City & State

Miami, FL

Zip

33131

Country

US

3. Mailing Office Address

1217 East Cape Coral Pkwy

Suite, Apt. #, etc.

#135

City & State

Cape Coral, FL

Zip

33904

Country

US

8. Name and Address of Current Registered Agent

Name

Limited Agent Services, LLC

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

1111 Brickell Ave Ste 2200

Apt. #, Etc.

City

Miami

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date 7/28/15

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
MGR	Ingrid E. Whitney	1217 East Cape Coral Pkwy #135	Cape Coral, FL 33904

11. E-mail Address: LimitedAgentSrvcs@aol.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

Ingrid E. Whitney

Date 7/28/15

Daytime Phone #

239-133-2356

FILED

15 AUG 18 1:00

STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

05/20/04

6. FEI Number

980426728

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

600276179056
08/18/15--01020--016 **377.50

REINSTATEMENT 2014-2015

AUG 19 2015

L. SELLERS