

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 APR 29 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L040000 41 396

1. Limited Liability Company's Name

Theresa G. Foss Cleaning LLC

500205574975
04/29/11--01005--007 **377.50
CR2E041 (1/11)

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

4785 Galkiver Cut-Off P.O. Box 231

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Holt, FL

Zip Country

32564

City & State

Holt, FL

Zip Country

32564

4. State/Country of Formation

FLORIDA

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

Theresa G. FOSS

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

4785 GALLIVER Cut-Off

Suite, Apt. #, Etc.

City

HOLT

State

FL

Zip Code

32564

E-mail Address:

(To be used for future annual report notices)

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

Theresa G. Foss

Date 4-27-2011

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
MGR	Theresa G. FOSS - 90%	4785 Galkiver Cut-Off	Holt, FL 32564
MGRM	Shannon Burns - 10%	1031 Whitehead DR	Holt, FL 32564
REINSTATEMENT		L. SELLERS	MAY - 2 2011
		EXAMINER	

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. 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 Managing
Member/Manager

Theresa G. Foss

Date 4-27-11

Daytime Phone # 850-546-0362

Typed or printed name of signing Managing Member/Manager

Theresa G. FOSS