

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JAN -6 AM 12 11

SECRETARY OF STATE
TALLAHASSEE, FL 32301

DOCUMENT # **L04000045336**

1. Limited Liability Company's Name
Sunsong LLC

CR2E041 (1/11)

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

3611 South Flagler Drive

Suite, Apt. #, etc.

3. Mailing Office Address

5390 Georgia Ave

Suite, Apt. #, etc.

4. State/Country of Formation

Florida/Palm Beach

5. Date Organized or Qualified
To Do Business in Florida

2004

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33405

Country

US

Zip

33405

Country

US

8. Name and Address of Current Registered Agent

Name

Blair Givens

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

278 La Puerta Way

Suite, Apt. #, Etc.

City

Palm Beach

State

FL

Zip Code

33480

E-mail Address:

800254802888
12/17/13--01004--014 **238.75

blairgivens@icloud.com

(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

Blair Givens

Date **12-13-13**

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	Timothy Givens	278 La Puerta Way	Palm Beach, FL 33480
MGRM	Blair Givens	278 La Puerta Way	Palm Beach, FL 33480

JAN 6 2014

M. WILLIAMS

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

Timothy Givens

Date **12-13-13**

Daytime Phone # **561-313-6870**

Typed or printed name of signing Managing Member/Manager **Timothy/Blair Givens**