

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 23 AM 11:13

DOCUMENT # L040000048269

1. Limited Liability Company's Name

O'Sole Mio, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400166850554
02/18/10--01044--003 **38.75
400166850554
01/21/10--01041--008 **338.75
CR2E041 (11/09)

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

5 SW Osceola St

Suite, Apt. #, etc.

3. Mailing Office Address

5 SW Osceola St

Suite, Apt. #, etc.

City & State

Stuart FL

City & State

Stuart FL

Zip

34994

Country

USA

Zip

34994

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

7/1/04

6. FEI Number

06-1728887

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

Caroline Doyle

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

5 SW Osceola St

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34994

☐ 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.

400166850554
03/23/10--01006--014 **33.75

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

Carole Doyle

REGISTERED AGENT MUST SIGN

Date

1/18/10

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
MA UGRM	Caroline Doyle	1980 SW Woodside Way	Palm City FL 34990
	L. SELLERS		
	MAR 24 2010		
	EXAMINER		

REINSTATEMENT 08-2010

11. E-mail Address:

cdoyl@Access4less.net

(To be used for future annual report notifications)

12. 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

Carole Doyle

Date

1/18/10

Daytime Phone #

772 332 6425

Typed or printed name of signing Managing Member/Manager