

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 APR 17 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # 204000050642

1. Limited Liability Company's Name

Select Home Services LLC

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

10111 North Silverpalm Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

10111 North Silverpalm Dr.

Suite, Apt. #, etc.

City & State

Estero, FL 33928

Zip

33928

Country

US

City & State

Estero, FL 33928

Zip

33928

Country

US

4. State/Country of Formation

FL/US

5. Date Organized or Qualified  
To Do Business in Florida

7/7/2004

6. FEI Number

47-0946966

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

Craig Tallaksen

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

10111 North Silverpalm Dr.

Suite, Apt. #, Etc.

City

Estero

State

FL

Zip Code

33928

☒ 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

Craig H. Tallaksen

REGISTERED AGENT MUST SIGN

Date 4/13/07

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	Craig Lawrence Tallaksen	10111 North Silverpalm Dr.	Estero, FL 33928

05/09/07-01010-017 \*\*150.00

**REINSTATEMENT**

05-07

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

Craig H. Tallaksen

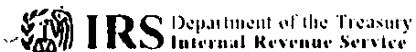
Date

4/13/07

Daytime Phone #

239-949-5328

Typed or printed name of signing Managing Member/Manager



Department of the Treasury  
Internal Revenue Service

OGDEN UT 84201-0038

In reply refer to: 0441246002  
Mar. 29, 2007 LTR 147C 0  
47-0946966 000000 00 000  
00001828  
BODC: SB

SELECT HOME SERVICES LLC  
TALLAKSEN CRAIG L MBR  
23408 OLDE MEADOWBROOK CIR  
ONEIDA SPRINGS FL 34134-9129086



013627

Employer Identification Number: 47-0946966

Dear Taxpayer :

We received your request of Mar. 20, 2007, asking us to verify your Employer Identification Number (EIN) and name.

Your Employer Identification Number (EIN) is 47-0946966. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_