

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY

2007



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 22 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000051665

1. Limited Liability Company's Name

ELLE Wedding Event Coordinators, LLC

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

360 Golf Court Dr.

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

Zip

Country

32459

3. Mailing Office Address

360 Golf Court Dr.

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

Zip

Country

32459

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

04-0379553

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 Kilpatrick, William G. Jr.

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

35008 Emerald Coast Parkway Suite 203

Suite, Apt. #, Etc.

City Destin

State FL

Zip Code 32541

☒ 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

William G. Kilpatrick Jr.

REGISTERED AGENT MUST SIGN

Date 1-24-07

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	Barbara Leonard	360 Golf Court Dr	Santa Rosa Beach, FL 32459
MGRM	Vicky Little	45 Bayside PK	Destin, FL 32550
			300089979073 03/01/07--01048--016 **105.00

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

Vicky Little

Date 1/18/07

Daytime Phone # 850-269-2692

Typed or printed name of signing Managing Member/Manager

Vicky J. Little