

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FILED

14 FEB -4 11:22

SPECIALTY OF STATE  
FALLINGSPRING, FLORIDA

1. Limited Liability Company's Name

L04000061597  
27, LLC

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

349 RANCHERO DR

Suite, Apt. #, etc.

City & State  
SEBRING, FLORIDA

Zip	Country
33876	USA

### 3. Mailing Office Address

P.O. Box 8

Suite, Apt. #, etc.

City & State  
LAKE PLACID FL

Zip	Country
73862	USA

4. State/Country of Formation

FL. / U.S.A.

5. Date Organized or Qualified To Do Business in Florida

8/19/2004

6. FEI Number  
NOT APPLICABLE

<input type="checkbox"/>	Applied For
<input checked="" type="checkbox"/>	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 MARK CAMPBELL

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

Suite Apt. # Etc.

City SEBRING

State	Zip Code
FL	33876

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

Date 1/30/14

REGISTERED AGENT MUST SIGN

## 10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	MARK Campbell	349 RANCHERO DR	SEBRING, FL. 33876

11. E-mail Address: TRADEMARK1031@GMAIL.COM  
(To be used for future annual report notifications)

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of \_\_\_\_\_

Authorized Representative/Manager

Date \_\_\_\_\_

Daytime Phone #

Typed or printed name of signing Authorized Representative/Manager

MARK Campbell