

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 APR -2 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L04000067044**

1. Limited Liability Company's Name

**WORRY FREE HOME MANAGEMENT, LLC**

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

**8645 CHAMPIONS PT**

3. Mailing Office Address

**8645 CHAMPIONS PT**

Suite, Apt. #, etc.

**APT 1104**

Suite, Apt. #, etc.

**APT 1104**

City & State

**NAPLES FL**

City & State

**NAPLES FL**

Zip

**34113-3076**

Country

**US**

Zip

**34113-3076**

Country

**US**

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida

**09/13/2004**

6. FEI Number

☒ Applied For

☐ Not Applicable

8. Name and Address of Current Registered Agent

Name

**CATHERINE FLANAGAN**

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

**8645 CHAMPIONS PT**

Suite, Apt. #, Etc.

**APT 1104**

City

**NAPLES**

State

**FL**

Zip Code

**34113-3076**

☒ 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

*Catherine Flanagan*

**CATHERINE FLANAGAN**

Date **3-27-2007**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	CATHERINE FLANAGAN	8645 CHAMPIONS PT APT 1104	NAPLES FL 34113-3076

**REINSTATEMENT 2005-2007**

500095998095  
04/06/07--01039--007 \*\*150.00

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

*Catherine Flanagan*

Date **3-27-2007**

Daytime Phone # **239 821 7240**

Typed or printed name of signing Managing Member/Manager

**CATHERINE FLANAGAN**