

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000019423			
1. Limited Liability Company's Name STAR-C CLEANING, LLC			
2. Principal Office Address - No P.O. Box # 5541 ROSEHILL RD		3. Mailing Office Address 5541 ROSEHILL RD	
Suite, Apt. #, etc. SUITE 103		Suite, Apt. #, etc. SUITE 103	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34233	Country	Zip 34233	Country
4. State/Country of Formation FL		5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number		☒ 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET Suite, Apt. #, Etc. Tallahassee		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 <u>Amanda Roath</u> Amanda Roath As its agent Date <u>12.17.07</u> REGISTERED AGENT MUST SIGN	
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
Mgm	CHAD BURROWS	5541 ROSEHILL RD STE103	SARASOTA, FL 34233
500113208895			
REINSTATEMENT 2006-2007			
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 <u>/s/ Chad Burrows</u> Date <u>12/14/07</u> Daytime Phone # <u>941-320-5851</u>			
Typed or printed name of signing Managing Member/Manager <u>CHAD BURROWS</u>			



File First

L050000 19423

ACCOUNT NO. : 072100000032

REFERENCE : 358029 7474146

AUTHORIZATION :

COST LIMIT : \$ 200.00

ORDER DATE : December 12, 2007

ORDER TIME : 11:09 AM

ORDER NO. : 358029-015

CUSTOMER NO: 7474146

RECEIVED
07 DEC 17 PM 12:52
STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: STAR-C CLEANING, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath - Ext# 2955

FILED
07 DEC 17 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EXAMINER'S INITIALS _____