

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000073956

1. Limited Liability Company's Name

Jereme Neill, LLC

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

307 Paradise Lane

Suite, Apt. #, etc.

City & State

Apalachicola, FL

Zip

32320

Country

USA

3. Mailing Office Address

P.O. Box 412

Suite, Apt. #, etc.

City & State

Apalachicola, FL

Zip

32329

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

7/28/5

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

Jereme Neill

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

307 Paradise Lane

Suite, Apt. #, Etc.

City

Apalachicola

State

FL

Zip Code

32320

☐ 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

REGISTERED AGENT MUST SIGN

Date

9/23/8

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
MGR	Jereme Neill	307 Paradise Lane	Apalachicola, FL 32320

REINSTATEMENT 2006-2008

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

Date

9/23/8

Daytime Phone #

850-323-1234

Typed or printed name of signing Managing Member/Manager

FILED
2008 OCT 23 A 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600136340216
09/25/08--01044--007 **377.50

CR2E041 (12/07)

600136340216
10/24/08--01007--001 **130.75



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
08 OCT 23 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 6, 2008

JEREME NEILL, LLC
P O BOX 412
APALACHICOLA, FL 32329

SUBJECT: JEREME NEILL, LLC
Ref. Number: L05000073956

We have received your document for JEREME NEILL, LLC and check(s) totaling \$377.50. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

There is a balance due of \$138.75.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 008A00052716