

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2013 JUL -2 PM 1:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L05000087058**

1. Limited Liability Company's Name

BLESS, L.L.C.

CR2E041 (1/11)

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

1035 W. AMELIA ST

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

ORLANDO, FL. 32805

City & State

Zip

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

09/02/2005

6. FEI Number

20-3455900

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

MICHELLE SNYDER

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

1035 W. AMELIA STREET

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32805

E-mail Address:

Michele@CrownCleaningSupply.com

000249439530

07/02/13--01014--008 **1210.00

(To be used for future annual report notices)

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

Michelle Snyder
Michelle Snyder

REGISTERED AGENT MUST SIGN

Date **6/11/13**

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	MICHELLE SNYDER	1035 W. AMELIA ST.	ORLANDO FL 32805
MGRM	EVA BALLARD	5332 DON MAR ST	APOPKA FL 32703

REINSTATEMENT 06-13

ABR

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Michelle Snyder
E Ballard

Date **6/11/13**

Phone **407-702-3457**

Date **6/11/13**

Daytime Phone # **407-702-5305**

Typed or printed name of signing Managing Member/Manager