

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000087535**

1. Limited Liability Company's Name

ELLIS PERSONNEL, LLC

FILED

08 DEC 30 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500139269805
12/24/08--01038--009 **277.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 5031 Cannes Circle		3. Mailing Office Address 5031 Cannes Circle	
Suite, Apt. #, etc. Unit 405 B		Suite, Apt. #, etc. Unit 4505 B	
City & State SARASOTA FL		City & State SARASOTA FL	
Zip 34231	Country USA	Zip 34231	Country USA

4. State/Country of Formation FLORIDA / USA	
5. Date Organized or Qualified To Do Business in Florida 9/2/2005	
6. FEI Number 203414492	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name CARISSA ELLIS			
Street Address (P.O. Box Number is Not Acceptable) 5531 Cannes Circle Unit 405B			
Suite, Apt. #, Etc. 405B			
City Sarasota	State FL	Zip Code 34231	

☒ 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 **12-19-08**

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
Mrs.	CARISSA ELLIS	5531 Cannes Circle #405B Sarasota FL 34231	Sarasota/FL/34231
			L. SELLERS
			JAN - 6 2009
			EXAMINER
			REINSTATEMENT 07-08

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 **12/19/08**

Daytime Phone # **941-406-5171**

Typed or printed name of signing Managing Member/Manager