

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 NOV 16 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
L05000093145

Perfection Services, LLC

CR2E041 (1/11)

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

1902 Chestnutwood Drive

Suite, Apt. #, etc.

City & State

Valrico, Florida

Zip

33596

Country

United States

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida / United States

**5. Date Organized or Qualified
To Do Business in Florida**

9-22-05

6. FEI Number

13-4336345

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

Eddy J Cooper

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

1902 Chestnutwood Drive

Suite, Apt. #, Etc.

City

Valrico

State

FL

Zip Code

33596

E-mail Address:

600241874076
11/16/12--01004--030 **377.50

Finishesbyperfectionllc@yahoo.com

(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

Date 11-13-12

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
MGRM	Eddy J Cooper	1902 Chestnutwood Drive	Valrico, FL 33596
MGRM	Richard Rambeau	3422 Tampabay Ave.	Tampa, FL 33629

REINSTATEMENT 11, 12

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

Eddy J Cooper

Date 11-13-12

Daytime Phone # 813-689-1888

Typed or printed name of signing Managing Member/Manager Eddy J Cooper

N. Culligan NOV 19 2012