

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000098189

1. Limited Liability Company's Name

Colleen's cleaning LLC

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

612 29th Ave North

St. Petersburg FL

33704

Pinellas

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

03-0571276

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 Colleen Sullivan

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

612 29th Ave North

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33704

☒ 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

Colleen Sullivan

REGISTERED AGENT MUST SIGN

Date 4/19/07

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
<u>owner</u>	<u>Colleen Sullivan</u>	<u>612 29th Ave N.</u>	<u>St. Pete FL 33704</u>

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05/08/07--01017--010--**100.00

REINSTATEMENT 06-07

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

Colleen Sullivan

Date

4/19/07

Daytime Phone #

941 710 3696

Typed or printed name of signing Managing Member/Manager

Colleen Sullivan