

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000007019

1. Limited Liability Company's Name

HANSON FAMILY, LLC

2. Principal Office Address - No P.O. Box #
7031 Strawberry Street

3. Mailing Office Address
7031 Strawberry Street

Suite Apt. #, etc

Suite Apt. #, etc

City & State
Englewood, Florida

City & State
Englewood, Florida

Zip Country
34224 USA

Zip Country
34224 USA

8. Name and Address of Current Registered Agent

Name
WAYNE C. HALL, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable) Suite,
1314 EAST VENICE AVENUE, SUITE E

Apt. #, Etc

City
VENICE

State Zip Code
FL 34285

9 I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Wayne C. Hall
REGISTERED AGENT MUST SIGN

Date 6-26-17

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	PATRICIA HANSON	7031 Strawberry Street	Englewood, Florida 34224

11. E-mail Address debbie@hrlaw1314.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Patricia Hanson

Date 6/7/17 Daytime Phone # (941) 586-0554

Typed or printed name of signing authorized representative/member

PATRICIA HANSON

17 JUN 29 AM 7:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/14/17--01009--007 **1235.00

CR2E041 (1/14)

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

01/17/2006

6. FEI Number

20-4225447

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status