

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000025065

1. Limited Liability Company's Name

SAM'S CLEANING, LLC

FILED

09 APR 20 PM 5:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

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

1123 30th AVE W

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

Zip

34205

Country

MANATEE

Zip

Country

4. State/Country of Formation

FLORIDA MANATEE

5. Date Organized or Qualified  
To Do Business in Florida

3/08/06

6. FEI Number

20-4450661

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

WILLIAM M PARENT

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

3503 20th AVE DR W

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34205

☒ 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

William M Parent

REGISTERED AGENT MUST SIGN

Date 3/23/09

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	SAMUEL BERGSTRESSER	3216 40th AVE W	BRADENTON, FL 34205

REINSTATEMENT 07-09

900143254369  
02/10/09--01013--002 \*\*138.75

900143254369  
03/03/09--01004--003 \*\*277.50

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

MT

Date

4/15/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager