

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000027201

1. Limited Liability Company's Name

Southwest Partners Warehousing LLC

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

4451 Gardner Drive

Suite, Apt. #, etc.

3. Mailing Office Address

4451 Gardner Drive

Suite, Apt. #, etc.

City & State

Port Charlotte, Florida

City & State

Port Charlotte, Florida

Zip

33952

Country

USA

Zip

33952

Country

USA

8. Name and Address of Current Registered Agent

Name

Donald Frey

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

4451 Gardner Drive

Apt. # Etc.

City

Port Charlotte, Florida

State

FL

Zip Code

33952

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

Donald Frey

REGISTERED AGENT MUST SIGN

Date

9/28/2015

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
Mgrm	Greg Winchel	155 Pembridge Ct.	Sheffield Lake, Ohio 44054
Mgrm	Elizabeth Frey	4451 Gardner Dr.	Port Charlotte, Florida 33952
Mgrm	Donald Frey	4451 Gardner	Port Charlotte, Florida 33952

11. E-mail Address: lizfrey.0506@gmail.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

Elizabeth Frey

Date

9/28/2015

Daytime Phone #

941-627-3837

Typed or printed name of signing authorized representative/member

FILED

15 OCT -2 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

Port Charlotte, Florida

5. Date Organized or Qualified
To Do Business in Florida

3/15/2006

6. FEI Number

none

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

600277686666
10/02/15--01025--012 **238.75