

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 JUN -2 AM 10:18

SECRETARY OF STATE
ALLIANCE OF FLORIDA

DOCUMENT # L06000030547

1. Limited Liability Company's Name

FLORIDA EMPLOYER CONSULTING, LLC

400270751224
06/02/15--01026--022 **138.75
CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
362 POINCIANA DRIVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE. FL

City & State

Zip
33301

Country

Zip

Country

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business In Florida

03/22/2008

6. FEI Number

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
JACK BEVAN

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

Suite, Apt. #, Etc.

City
FT. LAUDERDALE

State
FL

Zip Code
33301

Wis - 19231

400270751224
03/17/15--01036--008 **77.50

400270751224
03/17/15--01036--007 **300.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/11/15

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	JACK BEVAN	362 POINCIANA DRIVE	FT. LAUDERDALE, FL 33301

REINSTATEMENT

2013-2015

*Over 2
5/16/25*

S. HAWKES

EXAMINER

11. E-mail Address: GoldenRiverGuy@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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

[Signature]

Date

3/11/15

Daytime Phone #

772-341-6535

Typed or printed name of signing Authorized Representative/Manager

JACK BEVAN