

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC 16 PM 1:59

DOCUMENT # L06000039468

1. Limited Liability Company's Name

6856 103rd St LLC

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

6856 103rd St

Suite, Apt. #, etc.

3. Mailing Office Address

6856 103rd St

Suite, Apt. #, etc.

City & State

Jax, FL

Zip

32210

Country

US

City & State

Jax, FL

Zip

32210

Country

US

4. State/Country of Formation

Fla. 20, US

5. Date Organized or Qualified
To Do Business in Florida

4-12-06

6. FEI Number

20-5088440

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

Kristi Aston

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

6856 103rd St

Suite, Apt. #, Etc.

City

Jax

State

FL

Zip Code

32210

☒ 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

Kristi Aston

Date

REGISTERED AGENT MUST SIGN

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
MGR	Clifford A. An	6856 103 rd St	Jax, FL 32210

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12/10/08--01039--008 **277.50

REINSTATEMENT 2007-08

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

Clifford A. An

Date

Daytime Phone #

904-777-4990

Typed or printed name of signing Managing Member/Manager

Clifford A. An