

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 DEC 20 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LO6000049210

1. Limited Liability Company's Name

GREENSPACE LLC

CR2E041 (1/11)

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

1564 MARION AV

Suite, Apt. #, etc.

3. Mailing Office Address

433 Old Magnolia Rd

Suite, Apt. #, etc.

City & State

TALL FL

City & State

Crawfordville FL

Zip

32303

Country

Leon

Zip

32327

Country

Wakulla

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

5/12/2006

6. FEI Number

59-2959334

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

Georgette A. Pettijohn

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

433 Old Magnolia Rd.

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

E-mail Address:

500242966625  
12/20/12--01018--008 \*\*516.25

(To be used for future annual report notices)

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

Georgette Pettijohn

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
OWNER	Georgette A. Pettijohn	433 Old Magnolia Rd	Crawfordville FL 32327

REINSTATEMENT 10-12

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. 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 Managing  
Member/Manager

Georgette Pettijohn

Date 12-20-12

Daytime Phone #

850 3396695

Typed or printed name of signing Managing Member/Manager