

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L 06000059875**

1. Limited Liability Company's Name
L.M. ONE, LLC

2. Principal Office Address - No P.O. Box #
329 NORTH SHIPWRECK AVE.

Suite, Apt. #, etc.

3. Mailing Office Address
329 NORTH SHIPWRECK AVE.

Suite, Apt. #, etc.

City & State
PONTE VEDRA BEACH, FL

City & State
PONTE VEDRA BEACH, FL

Zip Country
32081 United States

Zip Country
32081 United States

4. State/Country of Formation
Florida/United States

5. Date Organized or Qualified
To Do Business in Florida
June 13, 2006

6. FEI Number

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a Certificate of Status**

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name
MICHAEL E. BRAREN

Street Address (P.O. Box Number is Not Acceptable)
329 NORTH SHIPWRECK AVE.

Suite, Apt. #, Etc.

City
PONTE VEDRA BEACH

State Zip Code
FL 32081

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08/05/14--01010--003 **1177.50

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

REGISTERED AGENT MUST SIGN

Date

7/30/14

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
AR	MICHAEL E. BRAREN	329 NORTH SHIPWRECK AVE.	PONTE VEDRA BEACH, FL 32081
AR	LAUREN M. BRAREN	329 NORTH SHIPWRECK AVE.	PONTE VEDRA BEACH, FL 32081

REINSTATEMENT

2013-2014

377.50

406.00

S. HAWKES

AUG - 6 AM.

EXAMINER

11. E-mail Address: **M.E. BRAREN @ L.M. ONE . 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

Date

7/30/14

Daytime Phone #

904-429-7330

Typed or printed name of signing Authorized Representative/Manager **Michael E. Braren**