

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 AUG -6 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L06000095089**

1. Limited Liability Company's Name

**Eddie's Cleaning LLC**

CR2E041 (1/11)

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

3. Mailing Office Address

**2235 Avenida**

**2235 Avenida**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**de Sol**

**de Sol**

City & State

City & State

**Navarre FL**

**Navarre FL**

Zip

Country

Zip

Country

**32566**

**U.S.A**

**32566**

**U.S.A**

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified  
To Do Business in Florida

**10-9-2006**

6. FEI Number

**223943476**

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

**Eddie Schenk**

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

**2235 Avenida de Sol**

Suite, Apt. #, Etc.

City

State

Zip Code

**Navarre**

**FL**

**32566**

E-mail Address:

**000237752570**  
**07/23/12--01052--004 \*\*238.75**

**Eddieschenk@gmail.com**  
(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

Date **July 20 2012**

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
	<b>Eddie Schenk</b>	<b>2235 Avenida de Sol</b>	<b>Navarre FL 32566</b>

**000237752570**  
**08/06/12--01001--005 \*\*416.25**

**REINSTATEMENT 09-12**

11. I certify that I am managing member/manager of 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

Date **7-20-2012** Daytime Phone # **225-5051920**

Typed or printed name of signing Managing Member/Manager

**Eddie Schenk**

**N. Oulman AUG - 6 2012**