
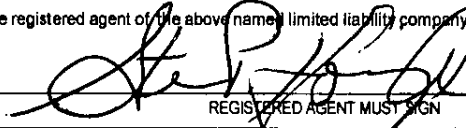
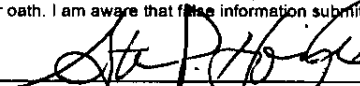


L06000099654

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Limited Liability Company's Name LES Properties, L.L.C.					
2. Principal Office Address - No P.O. Box # 3763 Overlook Dr Suite, Apt. #, etc.		3. Mailing Office Address 3763 Overlook Dr Suite, Apt. #, etc.		4. State/Country of Formation FL / USA	
City & State Tallahassee, FL		City & State Tallahassee, FL		5. Date Organized or Qualified To Do Business in Florida October 12, 2006	
Zip 32311	Country USA	Zip 32311	Country USA	6. FEI Number 20-5696917	Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent Name Steven P. Hourigan Street Address (P.O. Box Number is Not Acceptable) Suite 3763 Overlook Dr Apt. #, Etc.				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	
City Tallahassee		State FL	Zip Code 32311		
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  Date 3/24/17 REGISTERED AGENT MUST SIGN					
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	Steven P. Hourigan	3763 Overlook Dr.		Tallahassee, FL 32311	
AR	Lisa V. Hourigan	3763 Overlook Dr.		Tallahassee, FL 32311	
AR	Erin S. Hourigan	3763 Overlook Dr.		Tallahassee, FL 32311	
APR 12 2017					
11. E-mail Address: sthourigan@nettally.com (To be used for future annual report notifications)				Y SULKER	
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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.					
Signature of authorized representative/member 		Date 3/24/17		Daytime Phone # 850 509-7838	
Typed or printed name of signing authorized representative/member Steven P. Hourigan					