L06000099654

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

17 APR 11 AM 8:45
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

DOCUMENT

1. Limited Liability Company's Name

LES Properties, L.L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3763 Overlook Dr	3763 Overlook Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32311 Country: USA	Zip: 32311 Country: USA

4. State/Country of Formation: FL | USA

5. Date Organized or Qualified To Do Business in Florida: October 12, 2006

6. FEI Number: 20-5696917 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

500297265155
04/11/17--01022--015 **27.00

500297265155
03/28/17--01015--003 **514.25

8. **Name and Address of Current Registered Agent**

Name: Steven P. Hourigan

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 3763 Overlook Dr

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.

X 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
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11. E-mail Address: sthourigan@nettally.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 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.

X 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