

FILE SECOND

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

17 SEP 21 AM 7:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO 6000103666

1. Limited Liability Company's Name

LOUETT ENTERPRISES, LLC

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

6929 FERNANDEZ DR

Suite, Apt. #, etc.

City & State

RIVERVIEW, FL

Zip

33569

Country

USA

3. Mailing Office Address

6929 FERNANDEZ DR

Suite, Apt. #, etc.

City & State

RIVERVIEW, FL

Zip

33569

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/25/06

6. FEI Number

20-5772496

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

NANCIANN W. LOUETT

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

6929 FERNANDEZ DR.

Apt. #, Etc.

City

RIVERVIEW, FL

State

FL

Zip Code

33569

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

9-19-2017

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
MGRM	GREGORY W. LOUETT	6929 FERNANDEZ DR	RIVERVIEW, FL 33569
MGRM	NANCIANN W. LOUETT	6929 FERNANDEZ DR.	RIVERVIEW, FL 33569

11. E-mail Address:

Louettenterprises@yahoo.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.

Signature of authorized representative/member

Typed or printed name of signing authorized representative/member

9-19-17

Daytime Phone #

813-672-4010

NANCIANN W. LOUETT