PLE
LIMITED LIABILIT COMPANY REINSTATEMENT
DOCUMENT # LOS Limited Liability Company's Na HORE SERVICES LL



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

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1 Limited Lia	IENT # L060001066 ability Company's Name ERVICES LLC	76					
				. J <u>CBC</u> 23		DE: **TE36.25	
		3. Mailing Office A	3. Mailing Office Address		4. State/Country of Formation FLA/USA 5. Date Organized or Qualified		
Suite. Apt #, etc		Suite Apt ≠ etc					
City & State ORLANDO, FL		City & State	City & State		To Do Business in Florida 11/3/2006 6 FEI Number Applied For		
	·		Country	26-44164	52	Not Applicable	
zip 32819	USA	SAME	Country	7. CERTIFICATE OF S	TATUS DESIRED 7 55.00 Addit	ional Fee required cate of status	
	8 Name and A	ddress of Current Register	ed Agent				
Name TONYA DA	ALEY						
Street Address 4903 BIG I	(PO Box Number is Not Acceptab	ile) Suite.					
Apt # Etc	norin 51		T				
City ORLANDC)		State Zip Cod FL 32819	de			
9 I, being a Signature of Registered A		the above named limited liabi		h and accept the obligations o	of Chapter 605, F S Date 06/18/2020		
10. Names a	nd Street Addresses of Authorized	Representatives/Managers					
Titles	Name of Authonzed Represen Managers	Name of Street Address of Ea azed Representatives/ Authorized Represent		resentative/			
PRES	TONYA DA	LEY	4903 BIG H	ORN ST	ORLANDO, FL 32819		
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			AUS 1	0 2020			
			S. YC	OUNG	;	ز ا	
11 E- mail Ad	daress GOTALOANFOR	YOU@YAHOO.CO	<u>. </u>	<u> </u>		<u>, </u>	
II Coman Ac	duless — — — — — — — — — — — — — — — — — —	·	be used for future annual report	nolifications)			
certify that w 605,0012, F. shall have the	hat I am an authorized represent then filing this reinstatement app S., and that all fees owed by the e same legal effect as if made un ovided for in s. 817,155, F.S.	lication the reason for dissoli Ilimited liability company her	ution has been eliminated, se been paid. The informati alse information submitted i	the limited liability company on indicated on this applicat in a document to the Depart	name satisfies the requirement ion is true and accurate, and m	of section y signature	
Signature of	authorized representative/memb	or Samuel -	blen Date	6/18/2020 Day	time Phone # 40796388	64	

Typed or printed name of signing authorized representative/member TONYA DALEY