

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LD7000005990

1. Limited Liability Company's Name

Close Counseling, LLC

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

5400 N. University Dr.

Suite, Apt. #, etc.

119

City & State

Davie, FL

Zip

33169

Country

USA

3. Mailing Office Address

20757 NW 9th Ct.

Suite, Apt. #, etc.

107

City & State

Miami Gardens, FL

Zip

33169

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

1/16/2007

6. FEI Number

20-8263197

☒ 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

Linda C. Close

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

20757 N.W. 9th Ct.

Suite, Apt. #, Etc.

107

City

Miami Gardens

State

FL

Zip Code

33169

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4/12/10

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
<u>mgem</u>	<u>Linda Close</u>	<u>20757 NW 9th Ct. #107</u>	<u>Miami Gardens, FL 33169</u>
			<u>800176680988</u> <u>05/20/10--01043--003 **272.50</u>
			<u>416.25</u>
			<u>REINSTATEMENT 08-10</u>

11. E-mail Address: LCEOTIK@YAHOO.COM

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or 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.

Signature of
Managing Member/Manager

[Signature]

Date

4/12/10

Daytime Phone #

954.579.3036

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2010

CLOSE COUNSELING, LLC 2ND ML
20757 NW 9TH COURT
APT. #107
MIAMI GARDENS, FL 33169

SUBJECT: CLOSE COUNSELING, LLC
Ref. Number: L07000005990

We have received your document for CLOSE COUNSELING, LLC and check(s) totaling \$143.75. However, your check(s) and document are being returned for the following:

The total amount due to reinstate is \$416.25.

There is a balance due of \$272.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 510A00009830