

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 OCT 15 PM 2:54

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 207000011497

1. Limited Liability Company's Name

Turquoise Moments, LLC

500184703495
08/25/10--01028--002 **376.00

CR2E041 (05/10)

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

2009 Lake Dr

Suite, Apt. #, etc.

3. Mailing Office Address

5840 Red Bug Lake Rd

Suite, Apt. #, etc.

585

City & State

Casselberry, FL

City & State

Winter Springs, FL

Zip

32707

Country

USA

Zip

32708

Country

USA

4. State/Country of Formation

FLORIDA

USA

5. Date Organized or Qualified
To Do Business in Florida

9/26/2008

6. FEI Number

☐ 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 Deborah M. Rutland

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

5840 Red Bug Lake Rd

Suite, Apt. #, Etc.

585

City

Winter Springs

State

FL

Zip Code

32708

800186804648
10/18/10--01054--010 **145.25

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

Deborah M. Rutland

REGISTERED AGENT MUST SIGN

Date July 6, 2010

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
MGR	Deborah M. Rutland	5840 RED BUG LAKE RD, WINTER SPRINGS	585, FL 32708

REINSTATEMENT 2008-2010

11. E-mail Address: debmonty6@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

Deborah M. Rutland

Date

7/6/10

Daytime Phone #

3865061956

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 OCT 15 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 1, 2010

TURQUOISE MOMENTS LLC
5840 RED BUG LAKE RD
525
WINTER SPRINGS, FL 32708

SUBJECT: TURQUOISE MOMENTS LLC
Ref. Number: L07000011497

We have received your document for TURQUOISE MOMENTS LLC and check(s) totaling \$376.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$140.25. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to reinstate the limited liability company are as follows: \$100 reinstatement fee; \$50 filing fee for current year. Therefore, the total amount due to reinstatement the limited liability company at this time is \$516.25.

Please include an additional \$5.00 for each certificate of status requested (optional).

Please return 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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 310A00020930