

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 AUG 16 AM 8:30

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO70000012164

1. Limited Liability Company's Name

Marcie's Home Detailing L.L.C.

08/15/13--01029--002 **20.00
500250406715

CR2E041 (1/11)

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

1363 Jane Lacey Ln

Suite, Apt. #, etc.

3. Mailing Office Address

1363 Jane Lacey Ln

Suite, Apt. #, etc.

4. State/Country of Formation

Florida Usa

5. Date Organized or Qualified
To Do Business in Florida

9/24/00

City & State

New Smyrna Beach, Fl

City & State

New Smyrna Beach, Fl

Zip

32168

Country

USA

Zip

32168

Country

USA

6. FEI Number

09093002

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

Marcinda J Crawford

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

1363 Jane Lacey Ln

Suite, Apt. #, Etc.

City

New Smyrna Beach, Fl

State

FL

Zip Code

32168

W13-43642
E-mail Address:

500250406715
08/02/13--01030--003 **635.00

marcieclean@hotmail.com

(To be used for future annual report notices)

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

Marcinda J Crawford

Date

7/29/13

REGISTERED AGENT MUST SIGN

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
	none		
Owner	Marcinda Crawford	1363 Jane Lacey Ln	New Smyrna Beach

Florida 32168

S. HAWKES

AUG 5 2013

EXAMINER

REINSTATEMENT

2010-13

11. 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. 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 Managing
Member/Manager

Marcinda J Crawford

Date

7/29/13

Daytime Phone #

386-527-1895

Typed or printed name of signing Managing Member/Manager