

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000022530

1. Limited Liability Company's Name
THE CLEANING CREW, LLC

600397874566

2. Principal Office Address - No P.O. Box #
146 MOSE STRICKLAND ROAD

Suite, Apt. #, etc

City & State
CRAWFORDVILLE, FLORIDA

Zip
32327

Country
USA

3. Mailing Office Address
146 MOSE STRICKLAND ROAD

Suite, Apt. #, etc

City & State
CRAWFORDVILLE, FLORIDA

Zip
32327

Country
USA

CR2E041 (1/14)

4. State/Country of Formation
FLORIDA / USA

5. Date Organized or Qualified
to Do Business in Florida **03/01/2007**

6. FEI Number
38-3772436

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
TAMMIE C. WILLIAMS

Street Address (P.O. Box Number is Not Acceptable) Suite,
146 MOSE STRICKLAND ROAD

Apt. #, Etc.

City
CRAWFORDVILLE

State
FL

Zip Code
32327

Reinst.
20-22
GT

9. I, being appointed **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

Tammie C. Williams
REGISTERED AGENT MUST SIGN

Date **05/19/2022**

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
MGR	TAMMIE C. WILLIAMS	146 MOSE STRICKLAND ROAD	CRAWFORDVILLE, FL 32327
MGR	ROBERT WILLIAMS	142 A MOSE STRICKLAND ROAD	CRAWFORDVILLE, FL 32327

11. E-mail Address **OMS.RICH@GMAIL.COM**

(To be used for future annual report notifications)

I2. 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

Tammie C. Williams
Date **05/19/2022**

TAMMIE C. WILLIAMS

Daytime Phone #

(850) 570-5751