

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2017 DEC 18 PM 3:17

DOCUMENT #

LC7000025383

1. Limited Liability Company's Name

LONGSTREET PARTNERS LLC

CR2E041 (12/13)

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

8509 LITTLE SCENIC LN

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

Zip

Country

Zip

Country

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

3/15/07

6. FEI Number

20-8665839

☐ 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

STEPHAN WALDOCH

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

8509 LITTLE SCENIC LN

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32309

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~~12/29/17--01001--004 **238.75~~

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12/29/17--01001--004 **238.75

(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 605, F.S.

Signature of
Registered Agent

Date 12/28/17

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMER/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	STEPHAN WALDOCH	8509 LITTLE SCENIC LN	TALLAHASSEE FL 32309

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person

Date 12/28/17 Daytime Phone # 850 212 5028

Typed or printed name of signing Authorized Person

TLM
12/28/17