

L07000029248

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 MAR 19 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L07000029248

1. Limited Liability Company's Name

143, LLC

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

285 DRIGGERS RD

Suite, Apt. #, etc.

City & State

LAKE PLACID, FL

Zip

33852

Country

US

3. Mailing Office Address

P.O. BOX 563

Suite, Apt. #, etc.

City & State

LAKE PLACID, FL

Zip

33862

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

07-09-2007

6. FEI Number

26-0361957

☐ 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

FRANK PEARCE LOTT

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

285 DRIGGERS RD

Suite, Apt. #, Etc.

City

LAKE PLACID

State

FL

Zip Code

33852

E-mail Address:

900224864859
03/15/12--01010--011 **516.21

frankplott@aol.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

Frank P. Lott

Date 3-12-12

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
MGR/M	FRANK P. LOTT	285 DRIGGERS RD.	LAKE PLACID, FL 33852

REINSTATEMENT

2010-2012

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

Frank P. Lott

Date

Daytime Phone #

863-465-4071

Typed or printed name of signing Managing Member/Manager

FRANK P. LOTT

B Tadlock MAR 19 2012