

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

2013-2014



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 MAR -4 PM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L070000042858**

1. Limited Liability Company's Name

Indian River Referral Network, LLC

CR2E041 (1/14)

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

4860 13th Lane

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 690273

Suite, Apt. #, etc.

4. State/Country of Formation

Florida/United States

5. Date Organized or Qualified
To Do Business in Florida
04/20/2007

6. FEI Number

208935123

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Vero Beach, FL

City & State

Vero Beach, FL

Zip

32966

Country

United States

Zip

32969-0273

Country

United States

8. Name and Address of Current Registered Agent

Name

Chester R. Hogan, II

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

4860 13th Lane

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32966

700256630337
03/04/14--01022--029 **138.75

700256630337
02/11/14--01021--006 **238.75

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

Chester R. Hogan II
REGISTERED AGENT MUST SIGN

Date

2-5-14

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	Chester R. Hogan, II	4860 13th Lane	Vero Beach, FL 32966

11. E-mail Address: hoganchet227@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Chester R. Hogan II

Date

2-5-14

Daytime Phone #

772-963-3344

Typed or printed name of signing Authorized Representative/Manager

Chester Ray Hogan II