

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

Capricorn Enterprises
25, LLC

L07000066088

formerly Capricorn Enterprises LLC

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

27 Cherokee Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Same as principal
office address

Suite, Apt. #, etc.

City & State

Palm Coast, FL

City & State

←

Zip

32137

Country

USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

Sheryl A. Marmo

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

27 Cherokee Ave

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32137

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

Sheryl A. Marmo

Date

7/26/2011

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
MGRM	Sheryl A. Marmo	27 Cherokee Ave	Palm Coast, FL 32137

REINSTATEMENT 09-11

DB

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

Sheryl A. Marmo

Date

7/26/2011

Daytime Phone #

386 569-5738

Typed or printed name of signing Managing Member/Manager

FILED
11 APR 27 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (1/11)

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

6/25/2007

6. FEI Number

26-0408793

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

marmosheryl25@gmail.com
(To be used for future annual report notices)