

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 DEC -8 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400162842554

11/16/09--01006--021 \*\*277.50  
CR2E041 (10/08)

DOCUMENT # **L07000072403**

1. Limited Liability Company's Name

**MARIANNE LOUISE ANDERSON LLC**

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

**4853 SW 63RD LOOP**

Suite, Apt. #, etc.

3. Mailing Office Address

**4853 SW 63RD LOOP**

Suite, Apt. #, etc.

City & State

**OCALA, FL**

City & State

**OCALA, FL**

Zip

**34474**

Country

**US**

Zip

**34474**

Country

**US**

4. State/Country of Formation

**FLORIDA USA**

5. Date Organized or Qualified

To Do Business in Florida **07/12/2007**

6. FEI Number

**32-0293176**

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

**VALERIE J. LOSITO**

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

**11547 SE US HIGHWAY 441**

Suite, Apt. #, Etc.

City

**BELLEVIEW**

State

**FL**

Zip Code

**34420**

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**12/2/09**

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	ANDERSON, MARIANNE	4853 SW 63RD LOOP	OCALA, FL 34474
MGRM	ANDERSON, ANDREW	4853 SW 63RD LOOP	OCALA, FL 34474

**REINSTATEMENT 08-09**

*[Signature]*

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.

Signature of  
Managing Member/Manager

*[Signature]*

Date

**11/5/09**

Daytime Phone #

**352-274-3818**

Typed or printed name of signing Managing Member/Manager **MARIANNE ANDERSON**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 16, 2009

MARIANNE LOUISE ANDERSON, L.L.C.  
4853 S.W. 63 LOOP  
OCALA, FL 34474 US

SUBJECT: MARIANNE LOUISE ANDERSON, L.L.C.  
Ref. Number: L07000072403

We have received your document for MARIANNE LOUISE ANDERSON, L.L.C. and your check(s) totaling \$277.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 509A00035697