

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 FEB 8 AM 10:07

DOCUMENT #

1. Limited Liability Company's Name

L07000088072
MYELS, L.L.C.

500168243155
02/08/10--01062--020 **238.75
CR2E041 (11/09)

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

423 Hwy 466
Suite, Apt. #, etc.
21102

3. Mailing Office Address

423 Hwy 466
Suite, Apt. #, etc.
21102

City & State

Lady Lake, FL

City & State

Lady Lake, FL

Zip

32159

Country

U.S.

Zip

32159

Country

U.S.

4. State/Country of Formation

Florida / U.S.

5. Date Organized or Qualified To Do Business in Florida

8/24/07

6. FEI Number

26-0796818

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

Freddie L. Brinson

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

907 Nebraska Street

Suite, Apt. #, Etc.

City

Leesburg

State

FL

Zip Code

34748

☒ 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

Freddie L. Brinson

REGISTERED AGENT MUST SIGN

Date 2/4/2010

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	Lorric A. Simmons	423 Hwy 466 #21102	Lady Lake, FL 32159
MGRM	Marry Y. Evans	2934 Griffinview Dr #156	Lady Lake, FL 32159

500168243155
03/23/10--01007--019 **177.50

REINSTATEMENT 2008-2010

11. E-mail Address: myels@yahoo.com

(To be used for future annual report notifications)

12. 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

Lorric A. Simmons

Date 2/4/2010

Daytime Phone # 352-348-2244

Typed or printed name of signing Managing Member/Manager

Lorric A. Simmons



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 MAR 22 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 10, 2010

MYELS, L.L.C.
423 HWY 466
21102
LADY LAKE, FL 32159

SUBJECT: MYELS, L.L.C.
Ref. Number: L07000088072

We have received your document for MYELS, L.L.C. and check(s) totaling \$238.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$177.50. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return 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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 510A00003435