


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 OCT -9 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L07000102659					
1. Limited Liability Company's Name FL 2007 LLC					
2. Principal Office Address - No P.O. Box # 1080 Bichara Boulevard Suite, Apt. #, etc.		3. Mailing Office Address 1080 Bichara Boulevard Suite, Apt. #, etc.		4. State/Country of Formation Florida	
City & State Lady Lake, FL		City & State Lady Lake, FL		5. Date Organized or Qualified To Do Business in Florida OCTOBER 9, 2007	
Zip 32159	Country USA	Zip 32159	Country USA	6. FEI Number 94-3445355	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
8. Name and Address of Current Registered Agent Name Kelly Moore Street Address (P.O. Box Number is Not Acceptable) 1080 Bichara Boulevard Suite, Apt. #, Etc. City Lady Lake				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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 <input checked="" type="checkbox"/> <u>Kelly Moore</u> Date <input checked="" type="checkbox"/> <u>9-30-2014</u> REGISTERED AGENT MUST SIGN					
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	
Member Manager	Frances L. Moore	1080 Bichara Boulevard		Lady Lake, FL 32159	
REINSTATEMENT <u>2010-14</u>				S. HAWKES	
				OCT 09 AM.	
				EXAMINER	
11. E-mail Address: <u>klivingontheedge@comcast.net</u> (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 605, 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 <u>Frances L. Moore</u> Date <u>9-30-2014</u> Daytime Phone # <u>352-209-1081</u> Typed or printed name of signing Authorized Representative/Manager <u>Frances L. Moore</u>					