

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000110530

1. Limited Liability Company's Name

Easy Living Property Management LLC

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

9225 Estero River Cir
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 366442
Suite, Apt. #, etc.

City & State

Estero, FL

City & State

Bonita Springs

Zip

33928

Country

LEE

Zip

34131

Country

LEE

4. State/Country of Formation

FLORIDA / LEE

5. Date Organized or Qualified
To Do Business in Florida

10-31-07

6. FEI Number

26-1333918

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

Debra Crum

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

9225 Estero River Cir

Suite, Apt. #, Etc.

City

Estero

State

FL

Zip Code

33928

☐ 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

Debra Crum

REGISTERED AGENT MUST SIGN

Date 3-5-10

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
D	Debra Crum	9225 Estero River Cir	Estero, FL 33928
	REINSTATEMENT <u>2008-10</u>		S. HAWKES MAR 17 2010 EXAMINER

11. E-mail Address:

crumdeb@easylivingllc.com

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 608.408, 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

Debra Crum

Date

3-5-10

Daytime Phone #

239-287-2279

Typed or printed name of signing Managing Member/Manager

Debra Crum