

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

15 NOV 23 AM 11:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LC7000115582

1. Limited Liability Company's Name

Sullivan Construction Support Service, LLC

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

1400 Lake ave Tallahassee

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32310

Country

LEON

City & State

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

FL Leon

5. Date Organized or Qualified
To Do Business in Florida

10/23/15

6. FEI Number

N/A

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

Ryan G. Sullivan

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

1400 Lake ave

Apt. #, Etc.

City

Tallahassee FL

State

FL

Zip Code

32310

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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

Ryan G. Sullivan

Date 11/23/15

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
<u>MEMBER</u>	<u>Ryan G. Sullivan</u>	<u>1400 Lake ave</u>	<u>Tallahassee FL 32310</u>

REINSTATEMENT

2014-2015

NOV 23 2015

MR. WILLIAMS

11. E-mail Address Sullivan repairs 10210@gmail.com

(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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Ryan G. Sullivan

Date 11/23/15 Daytime Phone # 250 345 2315

Typed or printed name of signing authorized representative/member

Ryan G. Sullivan