

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000028000

1. Limited Liability Company's Name

Logan Randall Owens, LLC

CR2E041 (1/11)

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

3200 Land O Lakes Blvd.

3. Mailing Office Address

Same as Principal

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Land o' Lakes, Florida

City & State

Zip

33639

Country

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

03/23/09

6. FEI Number

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
Logan R Owens

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

3200 Land O Lakes Blvd.

Suite, Apt. #, Etc.

City

Land O Lakes

State

FL

Zip Code

33639

E-mail Address:

000197519810
03/11/11--01026--016 **377.50

Ryaensong@gmail.com
(To be used for future annual report notices)

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

REGISTERED AGENT MUST SIGN

Date

3/11/11

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
MRGM	Logan R Owens	3200 Land O Lakes Blvd.	Land O Lakes, FL 33639

REINSTATEMENT

2010-2011

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. 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 Managing

Member/Manager

Date

3/11/11

Daytime Phone #

813-305-5016

Typed or printed name of signing Managing Member/Manager