

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L09000029532

1. Limited Liability Company's Name

SEXTON PROPERTIES, LLC

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

1905 Eloise Loop Rd

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 1246

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

POLK CITY, FL

Zip

33884

Country

US

Zip

33868

Country

US

8. Name and Address of Current Registered Agent

Name

SHANNAH BUTCHER

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

1905 Eloise Loop Rd

Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33884

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

*Shannah Butcher Guardian*  
REGISTERED AGENT MUST SIGN

Date

7-9-15

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
MGR	LEE RAGATZ, JR.	1905 Eloise Loop Rd	Winter Haven, FL 33884

11. E-mail Address: SHANNAH2000@HOTMAIL.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

*Shannah Butcher Guardian*

Date

7-9-15

Daytime Phone #

863-984-1960

Typed or printed name of signing authorized representative/member

LEE RAGATZ, JR., BY SHANNAH BUTCHER, LIMITED GUARDIAN

FILED  
2015 JUL 14 P 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

03/26/2009

6. FEI Number

N/A

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

600275026026  
07/14/15--01003--017 \*\*\$55.00