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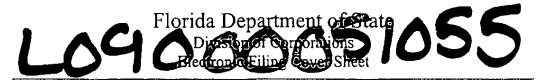
Fax: (850) 617-6384

Page: 1 of 7

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Division of Corporations



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(((H22000357258 3)))



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Division of Corporations

Fax Number

: (850)617-6384

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

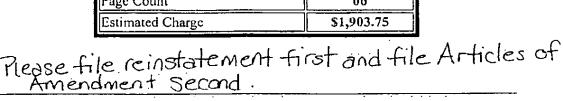
Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ryanb@inlandmarinefl.com____

LIMITED LIABILITY REINSTATEMENT GULF COAST HOME SERVICES AND CONSULTING LLC

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Help

To: Page: 2 of 7 10/18/2022 1:09 PM From: Leslie Perryman Fax: 14072329822 Fax: (850) 617-6384

850-617-6381

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October 17, 2022

FLORIDA DEPARTMENT OF STATE

GULF COAST HOME SERVICES AND CONSULTING LLC 2111 OXFORD RIDGE CIRCLE LEBIGH ACRES, FL 33973US

SUBJECT: GULF COAST HOME SERVICES AND CONSULTING LLC

REF: L09000051055

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

To get this filed you must do the paper reinstatement form that would have been linked in the rejection you received. You can do a fax cover sheet for the reinstatement and then send both over as 1-2 filings.

If you have any further questions concerning your document, please call (850) 245-6051.

KYLE D BRUMBLEY FAX Aud. #: H22000355390

Regulatory Specialist II Supervisor Letter Number: 622A00023234

Registration Section

Fax: 14072329822 To: Fax: (850) 617-6384 Page: 3 of 7 10/18/2022 1:09 PM

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

COM	LIABILITY IPANY ATEMENT	Secreta:	ARTMENT OF STATE ry of State corporations	(1	((H22000357258 3)))		
1. Umited Liabilit	NT # L09000051055 ty Company's Name Home Services and Cor	sulting LLC			2022 OCT 18 AM 8:		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address				CR2E041 (1/14) 5 CR			
17301 Broadway Street 1		17301 Broadw	17301 Broadway Street		4. State/Country of Formation		
Sulta, Apt. #, elc.		Sulte, Apt. F, etc		Florida			
Suite 884 Suite 88		Suite 884		5. Date Organized or Qualified To Do Business in Florida May 27, 2009			
City & State		City & State	•		Applied For		
Alva, FL	1.6	Alva, FL	I Country		✓ Not Applicable		
zip 33920	Country USA	Zip 33920	USA	7, CERTIFICATE OF STA	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fire required for a certificate of status		
	8. Name and Addre	ss of Current Registered	Agent				
Name Dean Mead	Services, LLC						
	O. Box Number is Not Acceptable) S	ulte,					
Apl. #, Etc. Suite 700							
city Orlando			FL 32801				
_	pointed the registered agent of the	above named fimiled liability	y company, am familiar with an	nd accept the obligations of			
Signature of Registered Ager	nt	REGISTERED AGENT MUS	T SIGN		Date10/18/22		
10. Names and	Street Addresses of Authorized Rep	resentativos/Managers					
Titles	es and Street Addresses of Authorized Representativos/Manage Name of Authorized Representatives/		Stroot Address of Each Authorized Representative/ Manager		City / State / Zip		
MGR	Ryan A. Berger		17301 Broadway Street, Suite 884		Alva, FL 33920		
	ross: ryanb@inlandmarin	eff.com					
11, t-mai Addr	rosc your emandmann		e used for future armual report not	Acatons)			
certify that who 605.0012, F.S. shall have the s	on filling this reinstatement application and that all fees owed by the lim	el manager or the receive tion the reason for assolu- tion liability combany have	r or trustee empowered to ex- ten has been etiminated, the yeen paid by enformation seinformation submitted in a	recute this application as p limited liability company n indicated on this application document to the Department	provided for in Chapter 605, F.S. I further name satisfies the requirement of section on is true and accurate, and my signature tent of State constitutes a third degree		
Signature of au	thorized representative/member	ET,		10/18/22 _{Ooyl}	ime Phone # (239) 209-4772		
Typed or printe	ad name of signing authorized rep	resentative/member Rya	an A. Berger				