

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000102906

1. Limited Liability Company's Name

Patterson and Associates LLC

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

1532 Quail Roost Lane

Suite Apt. #, etc.

City & State

Jacksonville, FL

Zip

32220

Country

USA

3. Mailing Office Address

1532 Quail Roost Lane

Suite Apt. #, etc.

City & State

Jacksonville, FL

Zip

32220

Country

USA

8. Name and Address of Current Registered Agent

Name

Robert M Patterson Jr.

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

1532 Quail Roost Lane

Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32220

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

Robert M Patterson Jr.
REGISTERED AGENT MUST SIGN

Date 12/30/2015

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
AR	Melissa S Patterson	1532 Quail Roost Lane	Jacksonville, FL 32220
AR	Robert M Patterson Jr	1532 Quail Roost Lane	Jacksonville, FL 32220

11. E-mail Address: jpboys4@bellsouth.net

(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

Robert M Patterson Jr.

Date 12/30/15

Daytime Phone #

904.652.5999

Typed or printed name of signing authorized representative/member

Robert M Patterson Jr

FILED

15 DEC 31 PM 1:54

RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

CR2E041 (1/14)

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

October 26, 2009

6. FEI Number

27-1187565

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

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