

LOG000111467

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2014 SEP -4 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

LOG000111467

LISTING SOLUTIONS.NET LLC

REINSTATEMENT 2014

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
1789 Lakeside Avenue

Suite, Apt. #, etc.

3. Mailing Office Address
2465 US 1 South

Suite, Apt. #, etc.
Suite 68

4. State/Country of Formation
Florida / St. Johns

5. Date Organized or Qualified
11/19/2009

6. FEI Number
271344872

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

City & State
St. Augustine, FL

City & State
St. Augustine, FL

Zip
32084

Country
St. Johns

Zip
32086

Country
St. Johns

8. Name and Address of Current Registered Agent

Name
David H Hall

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

Suite, Apt. #, Etc.

City
St. Augustine

State
FL

Zip Code
32086

500264047445
08/14/14--01025--016 **125.00

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

REGISTERED AGENT MUST SIGN

Date 9-4-14

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	David H Hall	405 Augusta Circle	St. Augustine, FL 32086

11. E-mail Address: dave@listingsolutions.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 requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information disclosed 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

David H Hall

Date 9-4-14

Daytime Phone # 904-540-9962

Typed or printed name of signing Authorized Representative/Manager

DR
9/5/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2014

David Hall
Listing Solutions.net, Inc.
2465 US 1 South, Ste #68
St. Augustine, FL 32086

SUBJECT: LISTING SOLUTIONS.NET LLC
Ref. Number: L09000111467

We have received your document for LISTING SOLUTIONS.NET LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. You will need to file a reinstatement form since the limited liability company has been dissolved for failure to maintain a registered agent. I have enclosed the correct form for you to fill out and return to us.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 314A00018569