

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010-2016

DOCUMENT #

LO9000112129

1. Limited Liability Company's Name

LA INTERIOR REMODELING, LLC

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

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32808 US

8. Name and Address of Current Registered Agent

Name

SHARON RANNO

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

1414 W HOLDEN AVE

Apt. #, Etc.

APT A

City

ORLANDO FL

State

Zip Code

FL

32839

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

Sharon Ranno

REGISTERED AGENT MUST SIGN

Date 2/09/2016

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	LESLIE L. ANDREW	H677 SANOMA VILLAGE	ORLANDO FL 32808

11. E-mail Address: LAINTERIOR4737@GMAIL.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

Leslie L. Andrew

Date 2-9-16

Daytime Phone # 863-602-7160

Typed or printed name of signing authorized representative/member

LESLIE L. ANDREW

FILED

16 FEB 17 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

11-19-09

6. FEI Number

80-050-7348

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

100282301741
02/17/16--01028--011 **\$05.00

100282301741
02/17/16--01028--010 **\$71.25