

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2011 Annual Report

DOCUMENT # L1000000 7467

1. Limited Liability Company's Name

CHERI MOSLEY, LLC

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

1904 48th Street West

Suite, Apt. #, etc.

City & State

Bradenton FL

Zip

34209 Manatee

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34209 Manatee

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

Jan 21, 2010

6. FEI Number

27-1728646

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Kay Cheri Mosley

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

1904 48th Street West

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34209

E-mail Address:

Cherimosley@yahoo.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Kay Cheri Mosley
REGISTERED AGENT MUST SIGN

Date

5/9/2011

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>Mgrm</u>	<u>KAY CHERI MOSLEY</u>	<u>1904 48th St. West</u>	<u>Bradenton, FL, 34209</u>

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, 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 608.406, 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 Managing
Member/Manager

Kay Cheri Mosley

Date

5/9/2011

Daytime Phone #

941-713-3512

Typed or printed name of signing Managing Member/Manager

KAY CHERI MOSLEY

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MAY 11 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2011

KAY CHERI MOSLEY
CHERI MOSLEY LLC
1904 48TH STREET WEST
BRADENTON, FL 34209

SUBJECT: CHERI MOSLEY LLC
Ref. Number: L10000007467

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FILED
MAY 11 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CHERI MOSLEY LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed annual report or reinstatement application and fee(s) must be submitted before the Revocation of Articles of Dissolution can be processed. Please complete and return the enclosed annual report or reinstatement application and the appropriate fee(s) to the PERSONAL AND CONFIDENTIAL ATTENTION of the undersigned.

The fee to file a limited liability company annual report in a timely manner is \$138.75.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 411A00010347

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED AND CONFIDENTIALITY HAS BEEN REMOVED EXCEPT WHERE SHOWN OTHERWISE BY A NOTATION TO THE CONTRARY.