

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT  
2013



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

13 OCT 09 PM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L10000027855

1. Limited Liability Company's Name

ILLUMINATED CONSULTING LLC

800252633468  
10/09/13--01039--003 \*\*238.75

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

802 HILLCREST ST

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE

City & State

FLORIDA

Zip

32308

Country

LEON

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

MARCH 12, 2010

6. FEI Number

L10000027855

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

KRISTEN PETERSON PERDUE

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

802 HILLCREST ST

Suite, Apt. #, Etc.

E-mail Address:

oobladah@yahoo.com

City

TALLAHASSEE

State

FL

Zip Code

32308

(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

*Kristen Peterson Perdue*  
REGISTERED AGENT MUST SIGN

Date 10/5/13

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
PRES	KRISTEN P. PERDUE	802 HILLCREST ST.	TALLAHASSEE FL 32308

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

*Kristen Peterson Perdue*

Date 10/5/13

Daytime Phone #

540-735-7357

Typed or printed name of signing Managing Member/Manager