

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 OCT 25 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L0000064020**

1. Limited Liability Company's Name

L10000064020

Objectively Organized, LLC

CR2E041 (1/11)

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

1044 Tocobaga Lane

Suite, Apt. #, etc.

3. Mailing Office Address

1044 Tocobaga Lane

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Sarasota, Florida

Zip

34236

Country

U.S.A.

Zip

34236

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

06/16/2010

6. FEI Number

None

☒ 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 **Yvette Varnadore**

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

1044 Tocobaga Lane

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34236

E-mail Address:

yvarnadore@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

Date

REGISTERED AGENT MUST SIGN

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
MGRM	Yvette Varnadore	1044 Tocobaga Lane	Sarasota, FL 34236

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

Yvette Varnadore

Date

10/21/11

Daytime Phone #

941-720-1586

Typed or printed name of signing Managing Member/Manager **Yvette Varnadore**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2011

YVETTE VARNADORE
OBJECTIVELY ORGANIZED, LLC
1044 TOCOBAGA LANE
SARASOTA, FL 34236

SUBJECT: OBJECTIVELY ORGANIZED, LLC
Ref. Number: L10000064020

We have received your document for OBJECTIVELY ORGANIZED, 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):

We are enclosing the proper form(s) with instructions for your convenience.

The total amount due is \$238.75.

There is a balance due of \$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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 811A00023644