

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L110000025298

1. Limited Liability Company's Name

SEC Home Services, LLC

FILED  
14 DEC 23 PM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

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

1166 Harrison Ave

3. Mailing Office Address

1166 Harrison Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulf Breeze, FL

City & State

Gulf Breeze, FL

Zip

32563

Country

USA

Zip

32563

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

02/02/2013

6. FEI Number

27-5005335

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

Sean E Coogle

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

1166 Harrison Ave

Suite, Apt. #, Etc.

City

Gulf Breeze

State

FL

Zip Code

32563

700267730887  
12/23/14--01031--011 \*\*243.75

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

*Sean E. Coogle*

REGISTERED AGENT MUST SIGN

Date

12/18/14

**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
MGRM	Sean E Coogle	1166 Harrison Ave	Gulf Breeze, FL 32563

REINSTATEMENT

2014

*[Handwritten signature]*  
12/18/14

11. E-mail Address: Lorie.Coogle@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 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 605.00(2), 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

*Sean E Coogle*

Sean E Coogle

Date 12/18/14

Daytime Phone # 850-554-6677