

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 OCT 27 PM 2:56

DOCUMENT # L11800035824

1. Limited Liability Company's Name
Squeaky Clean Cleaning Services LLC
3800 W. Lloyd St
Pensacola FL 32505

600305122756
10/30/17--01005--005 **500.00
600305122756
10/30/17--01005--006 **16.25

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # <u>same</u>		3. Mailing Office Address <u>same</u>	
Suite, Apt. #, etc. <u>3800 W LLOYD ST</u>		Suite, Apt. #, etc.	
City & State <u>Pensacola, FL</u>		City & State	
Zip <u>32505</u>	Country	Zip	Country

4. State/Country of Formation <u>Fla / USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>3/24/11</u>	
6. FEI Number <u>45-1059122</u>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name <u>Parquetta Pankey</u>			
Street Address (P.O. Box Number is Not Acceptable) Suite <u>3800 W LLOYD ST</u>			
Apt. #, Etc.			
City <u>Pensacola</u>	State <u>FL</u>	Zip Code <u>32505</u>	

Rec. 10/27/17
Rtn. to Michelle M 10/20/17
REF 2015-2017

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 <u>Parquetta Pankey</u>	Date <u>10/24/17</u>
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REGISTERED AGENT MUST SIGN

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
<u>mbr</u>	<u>Parquetta Pankey</u>	<u>3800 W Lloyd St</u>	<u>Pensacola FL 32505</u>

11. E-mail Address squeaky clean - llc@yahoo.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 <u>Parquetta Pankey</u>	Date <u>10/24/17</u>	Daytime Phone # <u>850 281 1048</u>
Typed or printed name of signing authorized representative/member		