

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L110000 55741

1. Limited Liability Company's Name

Sunbelt Partners, LLC

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

731 Bay Esplanade

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33767

Country

USA

3. Mailing Office Address

16 Anchor Lane

Suite, Apt. #, etc.

City & State

E. Falmouth

Zip

02536
MA

Country

USA

8. Name and Address of Current Registered Agent

Name

Elizabeth Herzog

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

731 Bay Esplanade

Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33767

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

Elizabeth Herzog

REGISTERED AGENT MUST SIGN

Date 9-10-2024

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 |
|--------|--|---|-----------------------|
| AR | Paul Donnelly | 731 Bay Esplanade | Clearwater, FL 33767 |
| AR | Elizabeth Herzog | 16 Anchor Ln. | E. Falmouth, MA 02536 |
| | | 21-24 | |
| | | | NOV 05 2024 |
| | | | D CUSHING |

11. E-mail Address:

(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

Elizabeth Herzog

Date 9-10-2024

Daytime Phone # 949 4163 6203

Typed or printed name of signing authorized representative/member

October 26, 2024

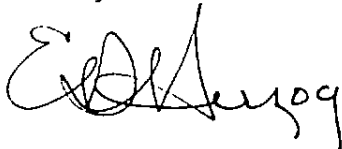
Dianne C. Cushing
Operations Manager A
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL. 32314

Re: Document L11000055741

Pursuant to our correspondence, enclosed is a check in the amount of \$416.25.

If you would please keep me updated on status as well as any additional action needed to get this straightened out, I would greatly appreciate it. Please contact me directly.

Thank you.

A handwritten signature in black ink, appearing to read 'Elizabeth Herzog', with a stylized flourish at the end.

Elizabeth Herzog

16 Anchor Lane
East Falmouth, MA. 02536
949-463-6200
eadherzog@yahoo.com