

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000064689

1. Limited Liability Company's Name
STORAGE MOVES, LLC

2. Principal Office Address - No P.O. Box # 4600 Touchton Road E, Building 100		3. Mailing Office Address 4600 Touchton Road E, Building 100	
Suite, Apt # etc Suite 150		Suite, Apt # etc Suite 150	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32246	Country USA	Zip 32246	Country USA

8. Name and Address of Current Registered Agent

Name Walter Mitchell		
Street Address (P.O. Box Number is Not Acceptable) Suite 4600 Touchton Road E, Building 100		
Apt #, Etc Suite 150		
City Jacksonville	State FL	Zip Code 32246

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

REGISTERED AGENT MUST SIGN

Date 03/31/2016

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
MGMR	Deerfield International Concepts	9 EAST LOOCKERMAN ST	DOVER DE 19901
REINSTATEMENT			
2014-2016			

11. E-mail Address deerfieldic@yandex.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

Date

03/31/2016

Daytime Phone #

904-351-0999

Typed or printed name of signing authorized representative/member

Walter Mitchell

FILED

2016 APR -1 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation FL, USA
5. Date Organized or Qualified To Do Business in Florida 06/02/2011
6. FEI Number 36-4702042
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>

800284060739
04/01/16--01028--014 **516.25

DD 4/6/16