


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

16 FEB 19 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CR2E041 (1/14)	
DOCUMENT # L11000111548 1. Limited Liability Company's Name SUNSET CONSTRUCTION CLEANUP, LLC					
2. Principal Office Address - No P.O. Box # 7603 Vinca St Suite, Apt. #, etc. City & State NAVARRE, FL Zip Country 32566 US		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country		4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida 9/29/2011 6. FEI Number 45-3478967 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 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 DEBBIE LIPSCOMB Street Address (P.O. Box Number is Not Acceptable) Suite, 7603 vinca st Apt. # Etc. City State Zip Code NAVARRE FL 32566				500282376475	
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 <i>Debbie Lipscomb</i> Debbie Lipscomb Date 2/17/2016 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		
	debbie lipscomb	7603 vinca st	navarre fl 32566		
				S. HAWKES FEB 22 A.M. EXAMINER	
REINSTATEMENT 2015-2015					
11. E-mail Address: debbielipscomb60@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 <i>Debbie Lipscomb</i> Date 2/17/2016 Daytime Phone # 850-585-7478 Typed or printed name of signing authorized representative/member debbielipscomb					

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

RECEIVED
DEPARTMENT OF STATE
16 FEB 19 AM 10:47

ACCOUNT NO. : I20000000195

REFERENCE : 015383 7852164

AUTHORIZATION

COST LIMIT : \$377.50

ORDER DATE : February 12, 2016

ORDER TIME : 8:45 AM

ORDER NO. : 015383-010

CUSTOMER NO: 7852164

DOMESTIC FILINGS

NAME: SUNSET CONSTRUCTION CLEANUP,
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____