

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

15 NOV 17 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L12000047236

1. Limited Liability Company's Name

ANN-A-DALE FARMS, LLC

2. Principal Office Address - No P.O. Box #  
22473 93RD DRIVE

Suite, Apt. #, etc.

City & State

O'BRIEN FL

Zip

32071

Country

US

3. Mailing Office Address

22473 93RD DRIVE

Suite, Apt. #, etc.

City & State

O'BRIEN FL

Zip

32071

Country

US

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

4-5-12

6. FEI Number

47-5579682

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

TULLY DALE KENDRICK

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

22473 93RD DRIVE

Apt. #, Etc.

City

O'BRIEN

State

FL

Zip Code

32071

000279211700  
11/17/15--01003--010 \*\*\$16.25

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

*Tully Dale Kendrick*  
REGISTERED AGENT MUST SIGN

Date 11-13-15

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	ANNETTE M. KENDRICK	22473 93RD DRIVE	O'BRIEN FL 32071
AR	TULLY DALE KENDRICK	22473 93RD DRIVE	O'BRIEN. FL 32071

11. E-mail Address: cabintiques@aol.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

*Annette M. Kendrick*

Date

11-13-15

Daytime Phone #

386 935 6620

Typed or printed name of signing authorized representative/member