

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

\$243.75

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

13 NOV 21 AM 9:17

DOCUMENT # L120000063166

1. Limited Liability Company's Name

C.O.M.E LLC

2. Principal Office Address - No P.O. Box # 1103

96 Silver Oaks Cir

Suite, Apt. #, etc.

#1103

City & State

Naples, FL

Zip

34119

Country

USA

3. Mailing Office Address

96 Silver Oaks Cir

Suite, Apt. #, etc.

#1103

City & State

Naples, FL

Zip

34119

Country

USA

CR2E041 (1/11)

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

5/10/2012

6. FEI Number

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

Colleen M. Dunphy

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

96 Silver Oaks Cir

Suite, Apt. #, Etc.

#1103

City

Naples

State

FL

Zip Code

34119

E-mail Address:

colleenmdunphy@  
icloud.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Colleen M. Dunphy

Date 10.28.2013

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
Mgt	Colleen Dunphy	96 Silver Oaks Cir 1103	Naples FL 34119

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, 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 requirements of section 608.406, 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 Managing  
Member/Manager

Colleen M. Dunphy

Date 10/28/13

Daytime Phone # 239-244-1263

Typed or printed name of signing Managing Member/Manager

Florida Department of State

Re 11/22/13