

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000092260

1. Limited Liability Company's Name
WAGGING TAILS LLC

2. Principal Office Address - No P.O. Box #
1201 CHEROKEE STREET

Suite, Apt. #, etc.

City & State
JUPITER, FLORIDA

Zip
33458

Country
USA

3. Mailing Office Address
1201 CHEROKEE STREET

Suite, Apt. #, etc.

City & State
JUPITER, FLORIDA

Zip
33458

Country
USA

8. Name and Address of Current Registered Agent

Name

ALIKI M CAMPBELL

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

1201 CHEROKEE STREET

Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33458

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

Date **MAY 4, 2023**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	ALIKI M CAMPBELL	1201 CHEROKEE STREET	JUPITER, FL. 22458
			SEP 20 2023
			D CUSHING

11. E-mail Address: **WAGGINGTAILSLLC@GMAIL.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 **MAY 4, 2023**

Daytime Phone # **561 339-9729**

Typed or printed name of signing authorized representative/member

ALIKI M CAMPBELL

FILED

2023 SEP -5 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FL
200411767912
09/22/23--01016--008 **138.75

200411767912
07/09/23--01037--008 **377.50

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