

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

F.I.L. 800

14 OCT 28 PM 3:13

SECRETARY OF STATE
MAILMAN'S OFFICE

DOCUMENT #

1. Limited Liability Company's Name
L12000103193
SEVIN SOLUTIONS, LLC

W14-6442

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 5307 SAN REMO CIRCLE Suite, Apt. #, etc.		3. Mailing Office Address 1645 SUN CITY CENTER PLZ Suite, Apt. #, etc. 5291	
City & State WIMAUMA, FL		City & State SUN CITY CENTER, FL	
Zip 33598	Country US	Zip 33571	Country US

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 01/01/2012	
6. FEI Number 46-0764027	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 HAMMOND, KEVIN R.	
Street Address (P.O. Box Number is Not Acceptable) 5307 SAN REMO CIRCLE	
Suite, Apt. #, Etc.	
City WIMAUMA	State FL
Zip Code 33598	

700265676707
10/28/14--01023--018 **138.75

700265676707
10/21/14--01031--024 **238.75

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 10-9-14

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
MGRM	HAMMOND, KEVIN R.	5307 SAN REMO CIRCLE	WIMAUMA, FL 33598
MGRM	MITCHELL, TINIKA	5307 SAN REMO CIRCLE	WIMAUMA, FL 33598

REINSTATEMENT

OCT 28 2014

R. HUNT

11. E-mail Address: KevinHammond@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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 10/09/14

Daytime Phone # 813-695-0434

Typed or printed name of signing Authorized Representative/Manager

KEVIN R. HAMMOND