

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 MAR 28 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L12000117209**

1. Limited Liability Company's Name

Serious Payroll LLC

CR2E041 (1/14)

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

16414 Windsor Park Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

16414 Windsor Park Dr.
Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Lutz, FL

Zip

33549

Country

Hillsborough

Zip

33549

Country

Hillsborough

State/Country of Formation

FL Hillsborough

5. Date Organized or Qualified
To Do Business in Florida

09-13-2012

6. FEI Number

APPLIED FOR

☒ 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

Ronald E Ellis

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

16414 Windsor Park Drive

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33549

800258397568
03/28/14--01032--016 **377.50

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

Ronald Ellis

REGISTERED AGENT MUST SIGN

Date **03-25-2014**

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
MEM	Ronald E Ellis	16414 Windsor Park Dr.	Lutz, FL 33549

MAR 28 2014

M. WILLIAMS

11. E-mail Address: **RONELLISFL@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

Ronald Ellis

Date

03-25-2014

Daytime Phone #

813-841-6514

Typed or printed name of signing Authorized Representative/Manager

Ronald Ellis