

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

13 OCT -9 AM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400251703884  
03/13/13--01035--001 \*\*238.75

CR2E041 (1/11)

DOCUMENT # L12000119394

1. Limited Liability Company's Name

Chez Cleri DeSitting LLC

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

4574 Castlewood

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Niceville FL

City & State

Zip

Country

32578

USA

Zip

Country

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

L12000119394

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

Clerie A. Davis

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

4574 Castlewood Lane

Suite, Apt. #, Etc.

City

Niceville

State

FL

Zip Code

32578

E-mail Address:

C3decox.net

(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

Clerie A. Davis

Date

9/9/13

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
Member	N/A Clerie Davis	4574 Castlewood Lane	Niceville FL 32578

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

Clerie A. Davis

Date

9/9/13

Daytime Phone #

850.621.7297

Typed or printed name of signing Managing Member/Manager