

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~123~~ L13000004773

1. Limited Liability Company's Name

Omega circle LLC

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

1001 RACIMO DRIVE ← SAME

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34240

Country

USA

Zip

34240

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

Jan 9 2013

6. FEI Number

46-4962537-3

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

JOEY REETZ Anderson

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

1001 RACIMO DRIVE

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34240

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

JOEY REETZ Anderson

REGISTERED AGENT MUST SIGN

Date 11/10/2014

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11/17/14--01042--022 **243.75

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	JOEY REETZ Anderson	1001 Racimo Drive	Sarasota FL 34240

REINSTATEMENT

NOV 17 2014

R. HUNT

11. E-mail Address: reetzie@comcast.net

(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

JOEY REETZ Anderson

Date

11/10/14

Daytime Phone #

941-371-0652

Typed or printed name of signing Authorized Representative/Manager