

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2016 FEB 23 AM 8:36

ALLATASSEE, FL 32114

FEB 23 2016

L BERGER

DOCUMENT # **L13000028558**

1. Limited Liability Company's Name

**Under The Sycamore, LLC**

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

**728 Fentress Blvd**

Suite, Apt. #, etc

City & State

**Daytona Beach**

Zip

**32114**

Country

**USA**

3. Mailing Office Address

**728 Fentress Blvd**

Suite, Apt. #, etc

City & State

**Daytona Beach**

Zip

**32114**

Country

**USA**

8. Name and Address of Current Registered Agent

Name

**MARGARET MERTHE**

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

**728 Fentress Blvd**

Apt. #, Etc.

**Day**

City

**Daytona Beach**

State

**FL**

Zip Code

**32114**

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

**Margaret Merthe**

REGISTERED AGENT MUST SIGN

Date **2/17/16**

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
AR	Margaret Merthe	728 Fentress Blvd	Daytona Beach FL 32114
<b>REINSTATEMENT</b>			

11. E-mail Address:

**nicki@faguide.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

**Margaret Merthe**

Date

Daytime Phone #

**386-274-4210**

Typed or printed name of signing authorized representative/member

**MARGARET MERTHE**