

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L-13000035278

1. Limited Liability Company's Name

True Blue Ventures, LLC

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

2344 Forbes St

Suite, Apt. #, etc

City & State

Jacksonville FL

Zip

32204

Country

USA

3. Mailing Office Address

2344 Forbes St

Suite, Apt. #, etc

City & State

Jacksonville FL

Zip

32204

Country

USA

4. State/Country of Formation

Florida, ~~Massachusetts~~ USA

5. Date Organized or Qualified
To Do Business in Florida

3/7/2013

6. FEI Number

46-2251888

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

Thomas Suneson

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

2344 Forbes St

Apt. #, Etc

City

Jacksonville FL 32204

State

FL

Zip Code

32204

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

Thomas Suneson

REGISTERED AGENT MUST SIGN

Date JUNE 4, 2024

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	Kimberly Suneson	2344 Forbes St	Jacksonville, FL 32204
Mgr	Thomas Suneson	2344 Forbes St	Jacksonville, FL 32204

11. E-mail Address: tsuneson7@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 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

Kimberly Suneson

Date

6/4/2024

Daytime Phone #

904.624.0125

Type/ or printed name of signing authorized representative/member