

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000053353

1. Limited Liability Company's Name
GTO HOLDINGS, LLC

2. Principal Office Address - No P.O. Box #
22152 O'Brien Road

Suite, Apt. #, etc.

City & State
Howey in the Hills, FL

Zip Country
34737 United States

3. Mailing Office Address
22152 O'Brien Road

Suite, Apt. #, etc.

City & State
Howey in the Hills, FL

Zip Country
34737 United States

8. Name and Address of Current Registered Agent

Name
Garry Oreskovic

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

22152 O'Brien Road

Apt. #, Etc.

City State Zip Code
Howey in the Hills FL 34737

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

REGISTERED AGENT MUST SIGN

Date April 14, 2021

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
MGR	Garry Oreskovic	22152 O'Brien Road	Howey in the Hills, FL 34737

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11. E-mail Address: honeylandfarms@aol.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 Garry Oreskovic Date April 14, 2021 Daytime Phone # 262-689-1000

Typed or printed name of signing authorized representative/member Garry Oreskovic

FILED

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SECRETARY OF STATE
TALLAHASSEE, FL

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4. State/Country of Formation
Florida/United States of America

5. Date Organized or Qualified To Do Business in Florida April 11, 2013

6. FEI Number 46-2517594 Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a certificate of status