

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 JUL 16 AM 11:00

DOCUMENT # L 13000135441

1 Limited Liability Company's Name

TERRANOVA HOLDINGS LLC

**FILING CANCELLED  
DUE TO RETURNED CHECK**

900832760999  
08/02/19--01012--033 \*\*655.00  
CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 91 BRANSCOMB RD #11		3. Mailing Office Address 91 BRANSCOMB RD #11	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State GREEN COVE SPRINGS FL		City & State GREEN COVE SPRINGS FL 32043	
Zip 32043	Country US	Zip 32043	Country US

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 9/25/13	
6. FEI Number 46-3751434	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent		
Name MARINA OTOOLE		
Street Address (P.O. Box Number is Not Acceptable) Suite 91 BRANSCOMB RD #11		
Apt. #, Etc.		
City GREEN COVE SPRINGS FL	State FL	Zip Code 32043

2016-2019

JUL 17 2019

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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 MARINA OTOOLE  
REGISTERED AGENT MUST SIGN

Date 7/11/2019

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
MGT	MARINA OTOOLE	2366 AFFIRMED CT	GREEN COVE SPRINGS FL 32043

11. E-mail Address marina-otoole@yahoo.com

(To be used for future annual report notifications)

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 MARINA OTOOLE Date 7/11/19 Daytime Phone # (904) 759-7688  
Typed or printed name of signing authorized representative/member