

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 JUN 17 AM 8:36

DOCUMENT # **L13000150138**

1. Limited Liability Company's Name

ZellerSells

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

Norm Zeller

Suite, Apt. #, etc.

9149 Sweettree Trail

City & State

Jacksonville, FL

Zip

32256

Country

USA

3. Mailing Office Address

Norm Zeller

Suite, Apt. #, etc.

9149 Sweettree Trail

City & State

Jacksonville, FL

Zip

32256

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of status

8. Name and Address of Current Registered Agent

Name

Norman K. Zeller

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

9149 Sweet Tree Trail

Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32256

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06/17/16--01021--018 **382.50

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **6-1-16**

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
Mgr	Norman K Zeller	9149 Sweet Tree Trail	Jacksonville, FL 32256

11. E-mail Address: **zellersells@hotmail.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

[Signature]

Date **5-31-16** Daytime Phone #

904-324-9484

Typed or printed name of signing authorized representative/member

NORMAN K. ZELLER