

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 DEC 11 AM 9:31

SECRETARY OF STATE
ALACHUA, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Doc number L13000155480
OLD CEDAR FALLS LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 276 Bayside Dr.		3. Mailing Office Address 276 Bayside Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Clearwater		City & State Clearwater	
Zip 33767	Country US	Zip 33767	Country US

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida FLORIDA	
6. FEI Number 46-4043732	<input type="checkbox"/> Applied For <input 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 BRANDON STARK		
Street Address (P.O. Box Number is Not Acceptable) 276 Bayside Dri		
Suite, Apt. #, Etc.		
City CLEARWATER	State FL	Zip Code 33767

900267358619
12/11/14--01025--002 **238.75

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

Date **12/11/14**

REGISTERED AGENT MUST SIGN

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
MGRM	Brandon Stark	276 Bayside Dr.	Clearwater, FL 33767
REINSTATEMENT 2014			
			S. HAWKES DEC 12 A.M. EXAMINER

11. E-mail Address: **T7835231@aol.com or wattslaw@gte.net**

(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 608, 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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date **12-1-14**

Daytime Phone # **727-461-3232**

Typed or printed name of signing Authorized Representative/Manager **Stephen G. Watts**