

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2016 MAR 14 AM 11:51

DOCUMENT # L14000044436

1. Limited Liability Company's Name

OB14 LLC

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

2588 ULYSSES RD.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

TALLAHASSEE

Zip

32312

Country

US

City & State

TALLAHASSEE

Zip

32312

Country

US

CR2E041 (1/14)

4. State/Country of Formation

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

STEVEN E. ALLEN

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

2588 ULYSSES RD

Apt. #, etc.

City

TALLAHASSEE

State

FL

Zip Code

32312

800283344588

03/14/16-01006-006 **402.50

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

STEVEN E. ALLEN

Date

3-14-16

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
AMBR	STEVEN E. ALLEN	2588 ULYSSES RD.	TALLAHASSEE, FL. 32312

11. E-mail Address ALLENORUP14@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

STEVEN E. ALLEN

Date

3-14-16

Daytime Phone #

850-566-5757

Typed or printed name of signing authorized representative/member

STEVEN E. ALLEN