

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

16 DEC -5 PM 4:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300292977253  
12/05/16--01007--002 \*\*243.75

DOCUMENT # L14000050605

1. Limited Liability Company's Name

Annie Simmons LLC

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

9474 Shumard Dr

3. Mailing Office Address

9474 Shumard Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, Leon

City & State

Tallahassee, Fla

Zip

Country

32305

Country

Leon

Zip

32305

Country

Leon

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

CR2E041 (12/13)

8. Name and Address of Current Registered Agent

Annie Simmons

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

9474 Shumard Dr

Suite, Apt. #, Etc.

City  
Tallahassee, Fla

State

FL

Zip Code

32305

E-mail Address:

Aguartermen@comcast.net

(To be used for future annual report notices)

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

Annie Simmons

Date 12-5-16

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
Ambr	Annie Simmons	9474 Shumard Dr	Tallahassee, Fla 32305

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person

Annie Simmons

Date 12-5-16

Daytime Phone #

850-544-9190

Typed or printed name of signing Authorized Person

K. ASHTON