

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000053883

1. Limited Liability Company's Name
L14000053883

240 LLC

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

240 NE 6th Avenue

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33435

Country

USA

3. Mailing Office Address

240 NE 6th Avenue

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33435

Country

USA

8. Name and Address of Current Registered Agent

Name

Thomas McCord

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

240 NE 6th Avenue

Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33435

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

REGISTERED AGENT MUST SIGN

Date

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	Shawn Maesel	240 NE 6th Avenue	Boynton Beach, FL 33435
AMBR	Thomas McCord	240 NE 6th Avenue	Boynton Beach, FL 33435

11. E-mail Address: boydsmccordinc@aol.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

Date

12/18/17

Daytime Phone #

561 368-4674

Typed or printed name of signing authorized representative/member

Thomas McCord

17 DEC 19 PM 2:49

FILED IN 2017

REINSTATEMENT

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

3/31/2014

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

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