

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 14000053883

1. Limited Liability Company's Name
240 LLC
L14000053883

2. Principal Office Address - No P.O. Box #
240 NE 6th Avenue

Suite, Apt. #, etc.

City & State
Boynton Beach, FL

Zip Country
33435 USA

3. Mailing Office Address
240 NE 6th Avenue

Suite, Apt. #, etc.

City & State
Boynton Beach, FL

Zip Country
33435 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 State Zip Code
Boynton Beach FL 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 _____ Date _____
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
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 2017

STATE OF FLORIDA

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

800306855098
12/19/17--0102E--004 **\$41.25