

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

16 AUG -9 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L14000082760

1. Limited Liability Company's Name

4475 Sapphire Sand, LLC

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

44 Eileen Av.

Suite, Apt. #, etc.

City & State

Plainview NY

Zip

11803

Country

USA

3. Mailing Office Address

44 Eileen Av.

Suite, Apt. #, etc.

City & State

Plainview NY

Zip

11803

Country

USA

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

Brunhilde Koenig

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

4475 Sapphire Sand Drive

Apt. #, Etc.

City

Wimbuma

State

FL

Zip Code

33598

100286615351  
06/07/16--01026--019 \*\*382.50

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

Brunhilde Koenig

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	Brunhilde Koenig	4475 Sapphire Sand Dr.	Wimbuma, FL 33598
MGR	Christine McLaughlin	142 Barbare Rd.	Belmont NY 11710

11. E-mail Address:

CKM 2408@hotmail.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 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

Christine McLaughlin

Date

7/01/16

Daytime Phone #

516455-4083

Typed or printed name of signing authorized representative/member

Christine McLaughlin