

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 31 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L14000112776**

1. Limited Liability Company's Name

1945 A Superior Plumbing Maintenance, LLC

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

1945 Rolling Green Circle

Suite, Apt. #, etc.

3. Mailing Office Address

Same

City & State

Sarasota, FL

Zip

Country

34240 USA

City & State

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

Sarasota, FL

5. Date Organized or Qualified To Do Business in Florida

07.14.2014

6. FEI Number

47-1941304

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

Kristi M Bowman

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

1945 Rolling Green Circle

Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34240

300280519413
12/31/15--01012--027 **243.75

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

Kristi M Bowman

Date **12-27-2015**

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
AR			
AR	Jarred M Blanton	4025 Cattlemen Rd #186	Sarasota, FL 34233

REINSTATEMENT

DEC 31 2015

R. HUNT

11. E-mail Address: **jared4864@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

Kristi M Bowman

Date

Daytime Phone #

941-404-0811

Typed or printed name of signing authorized representative/member

Kristi M Bowman / Jarred M Blanton