

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000129583

1. Limited Liability Company's Name

A TO Z HOME RENOVATION CONCIERGE, LLC

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

7820A CAUSEWAY BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

7820A CAUSEWAY BLVD.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33619

Country

US

Zip

33619

Country

US

8. Name and Address of Current Registered Agent

Name

LYNN E. HANSHAW

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

1715 WEST CLEVELAND STREET

Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33606

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 1/28/16

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	SUSAN A. MILLER	7820A CAUSEWAY BLVD	TAMPA, FL 33619

11. E-mail Address:

(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

1/29/16

Daytime Phone #

913.251.5533

Typed or printed name of signing authorized representative/member

SUSAN A. MILLER

FILED

16 JAN 29 PM 12:55

SECRETARY OF STATE
DIVISION OF CORPORATIONS

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

8/18/2014

6. FEI Number

47-1641373

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

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01/29/16--01004--007 **377.50