

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 AUG -4 PM 2:01

DOCUMENT # L14000153686

Limited Liability Company's Name

SR Services LLC

Principal Office Address - No P.O. Box #		3. Mailing Office Address	
181 Myrtlewood Rd.		6181 Myrtlewood Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
North Port		North Port	
Zip	Country	Zip	Country
34287	Sarasota	34287	Sarasota
8. Name and Address of Current Registered Agent			
Name			
Charles Miller			
Street Address (P.O. Box Number is Not Acceptable) Suite,			
181 Myrtlewood Rd.			
Apt. #, Etc.			
North Port FL		State	Zip Code
		FL	34287

Rei - 2015 - 2017
CR2E041 (1/14)

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida 10/01/2014	
6. FEI Number	Applied For
47-1991863	<input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

800302166448
08/04/17--01020--002 **500.00

800302166448
08/04/17--01020--001 **21.25

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 08/01/2017
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
MEMBER	Charles Miller	6181 Myrtlewood Rd.	34287

11. E-mail Address Charles.miller.f@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 _____ Date 08/01/2017 Daytime Phone # (941)549-2962

Typed or printed name of signing authorized representative/member Charles F Miller