

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2021 JUL 21 PM 3: 59

DOCUMENT # L14000154767

1. Limited Liability Company's Name
Seas The Moment LLC

06/21/21--01032--023--**138.75
700363464877
06/21/21--01032--023--**138.75
700363464877
04/05/21--01032--009--**392.50

2. Principal Office Address - No P.O. Box # 824 Lakewood Drive		3. Mailing Office Address 824 Lakewood Drive	
Suite Apt # etc		Suite Apt # etc	
City & State Holly Hill, Florida		City & State Holly Hill, Florida	
Zip 32117	Country USA	Zip 32117	Country USA

CR2E041 (1/14)

4. State/Country of Formation Florida / USA	
5. Date Organized or Qualified To Do Business in Florida 10/03/2014	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name Kimberly Dibble			
Street Address (P.O. Box Number is Not Acceptable) Suite 824 Lakewood Drive			
Apt # Etc			
City Holly Hill		State FL	Zip Code 32117

JUL 21 2021

1 ALBRITTON

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 3/24/2021

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
AMBR	Kimberly Dibble	824 Lakewood Drive	Holly Hill / Florida / 32117

REINSTATEMENT

2015-2021

11. E-mail Address dibbledabble824@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 3/24/2021

Daytime Phone # 386-274-8285

Typed or printed name of signing authorized representative/member