

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2016 Nov 09 AM 11:02

DOCUMENT # L14000172098

1. Limited Liability Company's Name

Unique Shade Solutions of Fort  
Walton LLC

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

8109 Panama City Beach Parkway

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

City & State

Zip

32407

Country

USA

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

11/04/14

6. FEI Number

47-2254768

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

Christopher Burchfield, Sr.

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

1340 Southwest 22nd St.

Apt. # Etc.

4th floor

City

Miami

State

FL

Zip Code

33145

800282155-998  
11/09/16 - 01004-622  
215.75

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

*Chris Burchfield*

Date 11-15-16

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	Chris Burchfield	8109 Panama City Beach Parkway, Panama City Beach, FL	Panama City Beach, FL
MGR	Jay White	8109 Panama City Beach Parkway, Panama City Beach, FL	Panama City Beach, FL 32407 32407
			NOV 09 2016
			R. HUNT

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

*Chris Burchfield*

Daytime Phone #

Typed or printed name of signing authorized representative/member