

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT
2015-2016**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L14000178452**

1. Limited Liability Company's Name

15616 Crystal Waters, LLC

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

44 Eileen Av.

Suite, Apt. #, etc

3. Mailing Office Address

44 Eileen Av.

Suite, Apt. #, etc

City & State

Plainville NY

City & State

Plainville NY

Zip

11803

Country

U.S.A.

Zip

11803

Country

USA

8. Name and Address of Current Registered Agent

Name

Brunhilde Koenig

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

4475 Sapphire Sand Dr.

Apt. #, Etc.

City

Limbsville

State

FL

Zip Code

33548

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

Brunhilde Koenig

Date

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
MEM	Brunhilde Koenig	4475 Sapphire Sand Dr.	Limbsville, FL 33548
MGR	Christine McLaughlin	142 Barbara Rd	Plainville, NY 11710

11. E-mail Address:

CKM2408@hotmail.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

CKM

Date

7/6/16

Daytime Phone #

516 455-9083

Typed or printed name of signing authorized representative/member