

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000187567

1. Limited Liability Company's Name
Pine Needle Way LLC

000417359780
10/13/23--01032--001 **1215.00

2. Principal Office Address - No P.O. Box # 7545 Haygood Rd Suite, Apt #, etc		3. Mailing Office Address PO Box 7241 Suite, Apt #, etc	
City & State Shreveport, LA		City & State Shreveport, LA	
Zip 71107	Country US	Zip 71137	Country US

CR2EC41 (1/14)

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 12/09/2014	
6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent	
Name Registered Agent Solutions, Inc.	
Street Address (P.O. Box Number is Not Acceptable) Suite, 2894 Remington Green Ln Apt # Etc Suite A	
City Tallahassee	State FL
Zip Code 32308	

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 <i>Mackenzie Hubler</i>	Date 10/11/2023
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	William H. Alexander	7545 Haygood Rd	Shreveport, LA 71107

11. E-mail Address Bill.Alexander@chem-air.com	
(To be used for future annual report notifications)	
2. 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 05 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 <i>William H. Alexander</i>	Date 10/11/2023
Typed or printed name of signing authorized representative/member William H. Alexander, Manager	
Daytime Phone # (318) 424-8395	

BARKER WILLIAMS

ATTORNEYS AT LAW

Farrar J. Barker
Cell 850.585.5951
fbarker@barkerwilliamslaw.com
*Authorized to Practice Law
in Florida and Georgia*

October 12, 2023

VIA UPS

Florida Department of State
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

Re: Pine Needle Way, LLC (L14000187567)

Dear Sir or Madam:

Enclosed please find (1) the Reinstatement Application for Pine Needle Way, LLC; (2) the Articles of Amendment to change the name of the Pine Needle Way, LLC to Pine Needle Way 2, LLC; (3) check number 1379 in the amount of \$1,215 for the Reinstatement fee and a certificate of status; and (4) check number 1378 in the amount of \$25 for the Amendment fee.

Please feel free to give us a call at 850-308-7784 or email us at fbarker@barkerwilliamslaw.com or lkirkland@barkerwilliamslaw.com which any questions or concerns.

Yours truly,

Farrar J. Barker
FARRAR J. BARKER

Enclosures as stated.
FJB/lnk