

L15000070339

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000070339

1. Limited Liability Company's Name

In & Out Property Solutions LLC

2010 SEP 19 AM 10:23

300318112103
09/19/18--01014--003 **\$47.00

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

10116 Pepperidge Ct

Suite Apt #, etc.

City & State

Tampa FL

Zip

33615

Country

USA

3. Mailing Office Address

10116 Pepperidge Ct

Suite Apt #, etc.

City & State

Tampa FL

Zip

33615

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida 04/21/2015

6. FEI Number
47-3816338

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

Emma Cooper-Peterson

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

636 Valencia CT

Apt #, Etc.

City

Sanford

State

FL

Zip Code

32771

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

Emma Cooper Peterson
REGISTERED AGENT MUST SIGN

Date

9/12/2018

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	Richard T. Wilson	10116 Pepperidge CT	Tampa FL 33615
AMBR	Yaditz Velasquez	10116 Pepperidge CT	Tampa FL 33615
REINSTATEMENT 16-18 TC 9-24-18			

11. E-mail Address: wilsonrichardt@yahoo.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

R.T. Wilson

Date

9-11-18

Daytime Phone #

813-585-1585

Typed or printed name of signing authorized representative/member: Richard T. Wilson