

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 NOV -2 AM 9:24

DOCUMENT # **L15000080813**

1. Limited Liability Company's Name

S. Summerlin Ave, LLC

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

100 S. Tremain St.

Suite, Apt. #, etc.

J-1

City & State

Mount Dora, FL

Zip

32757

Country

USA

3. Mailing Office Address

P.O. Box 1261

Suite, Apt. #, etc.

City & State

Mount Dora, FL

Zip

32756

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

May 7, 2015

6. FEI Number

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

Muriel L. Kelly

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

100 S. Tremain St.

Apt. #, Etc.

J-1

City

Mount Dora

State

FL

Zip Code

32757

800291905788
11/02/16--01018--014 **243.75

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

Muriel L. Kelly

REGISTERED AGENT MUST SIGN

Date **Oct. 29, 2016**

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
MBE	Muriel L. Kelly	100 S. Tremain St J1	Mount Dora FL 32757

REINSTATEMENT

2016

11. E-mail Address **mudlake@aol.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

Muriel L. Kelly

Date

10-29-16

Daytime Phone #

(352) 935-1812

Typed or printed name of signing authorized representative/member

Muriel L. Kelly