

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

17 APR -3 PM 12:54

DOCUMENT #

1. Limited Liability Company's Name

L15000086043 Lee Allred LLC

CR2E041 (12/13)

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

3050 springcreek Hwy

3. Mailing Office Address

Suite, Apt. #, etc.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

5/15/15

City & State

crawfordville Fla

City & State

Zip

32327

Country

wakulla

Zip

32327

Country

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 BOBBY Lee Allred

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

3050 springcreek Hwy

Suite, Apt. #, Etc.

City

crawfordville

State

FL

Zip Code

32327

E-mail Address:

04/03/17--01005--011 **377.50

700297512637

04/03/17--01005--011 **377.50

(To be used for future annual report notices)

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

Bobby L. Allred

Date

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
AMBR	BOBBY Lee Allred	3050 springcreek Hwy	crawfordville Fla 32327

REINSTATEMENT

APR 03 2017

R. HUNT

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person

Bobby Allred

Date

Daytime Phone #

4-3-17

Typed or printed name of signing Authorized Person