

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2018 OCT -1 AM 9:35

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # L15000120949

1. Limited Liability Company's Name

Southern Property Solutions, LLC
oftail, LLC

CR2E041 (12/13)

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

126 Sandy Ln

Suite, Apt. #, etc.

3. Mailing Office Address

126 Sandy Ln

Suite, Apt. #, etc.

4. State/Country of Formation

City & State

Monticello, FLA

City & State

Monticello, FLA

Zip

Country

32344

Zip

Country

32344

5. Date Organized or Qualified
To Do Business in Florida

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 Jason R. Allen

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

126 Sandy Ln

Suite, Apt. #, Etc.

City Monticello

State

FL

Zip Code

32344

E-mail Address:

400319156444

10/01/18--01009--001 **238.75

Jasonallen74@gmail.com

(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

Jason R. Allen

Date 10/1/18

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
MGR	Jennifer D. Allen	126 Sandy Ln	Monticello, FLA 32344
MGR	Jason R. Allen	126 Sandy Ln.	Monticello, FL 32344

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

Jason R. Allen

Date 10/1/18

Daytime Phone 850-774-7649

Typed or printed name of signing Authorized Person

Per Jason Allen
Added mgr

K. ASHTON