

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000146002

1. Limited Liability Company's Name
Always Beautiful Creations, LLC
PO Box 431722
Big Pine Key, FL 33043

dianna@alwaysbeautifulcreations.com

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

121 Loma Lane

Suite, Apt. #, etc.

City & State

Big Pine Key

Zip

33043

Country

Monroe

3. Mailing Office Address

PO Box 431722

Suite, Apt. #, etc.

City & State

Big Pine Key

Zip

33043

Country

Monroe

8. Name and Address of Current Registered Agent

Name

Denise M Bays, EA, PL

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

121 Loma Lane

Apt. #, Etc

City

Big Pine Key

State

FL

Zip Code

33043

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

Denise M. Bays

REGISTERED AGENT MUST SIGN

Date

10/3/16

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	Diana M Carroll	121 Loma Lane	Big Pine Key, FL 33043

REINSTATEMENT

OCT 11 2016

R. HUNT

11. E-mail Address:

(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

Typed or printed name of signing authorized representative/member

Diana M Carroll

Date

10-3-16

Daytime Phone #

954-644-9797

FILED

2016 OCT 11 AM 8:10

SECRETARY OF STATE
FILED

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

08/31/2015

6. FEI Number

47-4974643

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

500291127815
10/11/16--01030--008 **238.75