

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 NOV 10 AM 5:04

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L BERGER

CR2E041 (1/14)

DOCUMENT # L 15000148034

1. Limited Liability Company's Name
L E Solutions LLC

2. Principal Office Address - No P.O. Box #
1245 33rd Ave SW

3. Mailing Office Address
1245 33rd Ave SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Vero Beach FL

City & State
Vero Beach FL

Zip Country
32968 USA

Zip Country
32968 USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida 08/28/2015

6. FEI Number ☒ Applied For
47-4995167 ☐ 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
Elizabeth M Decker

Street Address (P.O. Box Number is Not Acceptable) Suite,
1245 33rd Ave SW

Apt. #, Etc.

City State Zip Code
Vero Beach FL 32968

300292214853
11/10/16--01015--003 **213.75

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

Elizabeth M Decker

Date 11/1/2016

REGISTERED AGENT MUST SIGN

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	Elizaeth M Decker	1245 33rd Ave SW	Vero Beach FL 32968
MGR	Elizabeth M Decker	1245 33rd Ave SW	Vero Beach FL 32968
REINSTATEMENT			

11. E-mail Address: micky7557@att.net

(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

Elizabeth M Decker

Date 11/1/2016

Daytime Phone # 772.532.4074

Typed or printed name of signing authorized representative/member Elizabeth M Decker