

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000158964

1. Limited Liability Company's Name
Sawyer Consulting Group LLC

2. Principal Office Address - No P.O. Box #
1457 Belfiore Way

Suite, Apt. #, etc.

City & State

Windermere, FL

Zip

34786

Country

USA

3. Mailing Office Address

1457 Belfiore Way

Suite, Apt. #, etc.

City & State

Windermere, FL

Zip

34786

Country

USA

8. Name and Address of Current Registered Agent

Name

Christopher Grzeszczak

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

1457 Belfiore Way

Apt. #, Etc.

City

Windermere

State

FL

Zip Code

34786

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

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
AR	Christopher Grzeszczak	1457 Belfiore Way	Windermere, FL 34786
AR	Lisa Grzeszczak	1457 Belfiore Way	Windermere, FL 34786

11. E-mail Address: cgrzeszczak@gmail.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

Date 11/1/2016

Daytime Phone #

407-718-3177

Typed or printed name of signing authorized representative/member Christopher Grzeszczak

K. ASHTON

16 NOV 18 PM 4:38

ALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 9/23/15

6. FEI Number

47-5129353

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status

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