

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L15000166737

1. Limited Liability Company's Name  
SUNTRUST ALLIANCE, L.L.C.

2. Principal Office Address - No P.O. Box #  
1771 W CAROLINE PATH

Suite, Apt. #, etc.

City & State

Lecanto, FL

Zip  
34461

Country  
U.S.

3. Mailing Office Address  
1771 W CAROLINE PATH

Suite, Apt. #, etc.

City & State

Lecanto, FL

Zip  
34461

Country  
U.S.

8. Name and Address of Current Registered Agent

Name

Gary Keller

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

1771 W CAROLINE PATH

Apt. #, Etc.

City

Lecanto

State

FL

Zip Code

34461

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

*Robert S. Vicari*

Date 3/11/19

REGISTERED AGENT MUST SIGN

Personal Representative of The Estate of Gary Keller

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	Gary Keller	1771 W CAROLINE PATH	LECANTO, FL 34461

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MAR 26 2019

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

*Robert S. Vicari*

Date

Daytime Phone #

352-527-0229

Typed or printed name of signing authorized representative/member

Robert S. Vicari, Personal Representative of the Estate of Gary Keller

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03/14/19--01023--018 \*\*685.00

CR2E041 (1/14)

4. State/Country of Formation  
Florida/Citrus

5. Date Organized or Qualified  
To Do Business in Florida 9/28/15

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status