

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2016 DEC -9 AM 8:58

DOCUMENT # L15000184399

1. Limited Liability Company's Name

200293129622  
12/09/16--01005--012 \*\*238.75

CR2E041 (12/13)

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

3. Mailing Office Address

836 Medical Commons Ct. 836 Medical Commons Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. State/Country of Formation

Florida / U.S.

5. Date Organized or Qualified  
To Do Business in Florida

10-29-15

City & State

City & State

Tallahassee, FL

Tallahassee, FL

Zip Country

Zip Country

32310 U.S.

32310 U.S.

6. FEI Number

81-4562773

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for Certificate of Status

8. Name and Address of Current Registered Agent

Name

FLORENCE PERRYMOND

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

836 Medical Commons Ct.

Suite, Apt. #, Etc.

E-mail Address:

NbeljanitorialServices@gmail.com

(To be used for future annual report notices)

City  
Tallahassee

State  
FL

Zip Code  
32310

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

*Florence Perrymond*

Date

12-9-16

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	Bryant Booker	836 Medical Commons Ct.	Tallahassee FL 32310
MGR	Aaron Perrymond	836 Medical Commons Ct.	Tallahassee FL 32310

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

*Book*

Date

12-9-16

Daytime Phone #

786-447-4693

Typed or printed name of signing Authorized Person