

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


RECEIVED

2016 SEP 26 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100287642891  
07/06/16--01041--004 \*\*238.75

CR2E041 (1/14)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
--	---	--

DOCUMENT # L15000199058

1. Limited Liability Company's Name

Rosario's Steam Cleaning

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

8331 Sarnow Dr

Suite, Apt. #, etc.

3. Mailing Office Address

8331 Sarnow Dr

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32822

Country

City & State

Orlando FL

Zip

32822

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

9-30-14

6. FEI Number

81-0796834

Applied For

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

Anna L. Rosario

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

8331 Sarnow Dr

Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32822

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

Anna L. Rosario

REGISTERED AGENT MUST SIGN

Date

7/1/14

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<u>UGR</u>	<u>Anna L. Rosario</u>	<u>8331 Sarnow Dr. # 2</u>	<u>Orlando FL 32822</u>

11. E-mail Address:

rosarioscarpetcleaning@yahoo.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

Anna L. Rosario

Date

7/1/14

Daytime Phone #

407-274-3917

Typed or printed name of signing authorized representative/member