


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L16000142319

1. Limited Liability Company's Name  
TSL FERRETTI LLC

000877535970  
12/06/21--01001--002 \*\*238.75

2. Principal Office Address - No P.O. Box #  
3423 UNITY TREE DR  
Suite, Apt. #, etc. \_\_\_\_\_

3. Mailing Office Address  
3423 UNITY TREE DR  
Suite, Apt. #, etc. \_\_\_\_\_

City & State  
EDGEWATER

City & State  
EDGEWATER

Zip 32141 Country USA Zip 32141 Country USA

CR2E041 (1/14)

4. State/Country of Formation  
FL USA

5. Date Organized or Qualified To Do Business in Florida  
9/1/2016

6. FEI Number 813551168 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  
EUGENE FERRETTI

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.  
3423 UNITY TREE

City  
EDGEWATER State FL Zip Code 32141

REINSTATEMENT

2021

REC-3 PM 4:09

STATE

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 Eugene Ferretti Date 11/24/21

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
<u>REG AGENT</u>	<u>EUGENE FERRETTI</u>	<u>3423 UNITY TREE</u>	<u>EDGEWATER 32141</u>
<u>AUTH PERSON</u>	<u>" "</u>	<u>" " "</u>	<u>" "</u>
<u>TITLE AUTH MEMBER</u>	<u>EUGENE FERRETTI</u>	<u>3423 UNITY TREE</u>	<u>EDGEWATER FL 32141</u>

11. E-mail Address. E FERRETTI LLC @ 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 Eugene Ferretti Date 11/18/21 Daytime Phone # 386-864-9412

Typed or printed name of signing authorized representative/member \_\_\_\_\_