

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L16000213876

1. Limited Liability Company's Name
East Pass Partners, LLC

100403852201
03/03/23--01001--007 *\$576.25

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 4401 Stilling Circle		3. Mailing Office Address 4401 Stilling Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Destin, FL		City & State Destin, FL	
Zip 32541	Country Okaloosa	Zip 32541	Country Okaloosa
8. Name and Address of Current Registered Agent			
Name Paul Barcus			
Street Address (P.O. Box Number is Not Acceptable) Suite, 4401 Stilling Circle			
Apt. #, Etc.			
City Destin	State FL	Zip Code 32541	

4. State/Country of Formation Florida/Okaloosa	
5. Date Organized or Qualified To Do Business in Florida 11/22/2016	
6. FEI Number 81-4671957	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

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 03/02/2023

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
MGR	Patrick J Barcus	4141 Commons Drive W.	Destin, FL 32541
MGR	Paul A. Barcus	4401 Stilling Circle	Destin, FL 32541
MGR	Joseph A. Winkeler	1320 Miracle Strip Pkwy, Ste 4	Fort Walton Beach, FL 32548
Controlle	Charles W. Fuller	5116 Gulf Drive	Panama City Beach, FL 32408

11. E-mail Address: PaulBarcus@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 03/02/2023

Daytime Phone # 404-323-9876

Typed or printed name of signing authorized representative/member Paul Barcus

FILED
2023 MAR -3 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Reinstatement 20-23