

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

16000226460

DOCUMENT # L16000226460

1. Limited Liability Company's Name
A & L Properties, LLC

2. Principal Office Address - No P.O. Box # 1906 Athens Ave Suite, Apt. #, etc.		3. Mailing Office Address 1906 Athens Ave Suite, Apt. #, etc.	
City & State Pensacola, Florida		City & State Pensacola, Florida	
Zip 32507	Country USA	Zip 32507	Country USA

CR2E041 (1/14)

4. State/Country of Formation Florida/Escambia	
5. Date Organized or Qualified To Do Business in Florida 12/15/2016	
6. FEI Number 37-1845463	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	

8. Name and Address of Current Registered Agent

Name
Andrew N Dennis III

Street Address (P.O. Box Number is Not Acceptable) Suite.
1906 Athens Ave

Apt. #, Etc.

City
Pensacola

State
FL

Zip Code
32507

200377307002
11/30/21--01005--004 **500.00

200377307002
11/30/21--01005--005 **293.75

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 Andrew N Dennis III
REGISTERED AGENT MUST SIGN

Date 11/29/2021

2021 NOV 30 AM 10:47
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FL
 NOV 30 2021

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	Dennis, Andrew N, III	1906 Athens Ave	Pensacola, Florida 32507
MGR	Denis, Lyne B	1906 Athens Ave	Pensacola, Florida 32507

11. E-mail Address skip554@cox.net

(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 Andrew N. Dennis III Date 11/30/2021 Daytime Phone # 850-418-1689

Typed or printed name of signing authorized representative/member