

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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CR2E041 (1/14)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L1700054432

1. Limited Liability Company's Name  
Sydney, LLC

2. Principal Office Address - No P.O. Box #  
54 Abbott St.

3. Mailing Office Address  
54 Abbott St.

Suite, Apt. #, etc.  
Suite, Apt. #, etc.

City & State  
Saint Augustine FL USA

City & State  
Saint Augustine FL USA

Zip Country Zip Country  
32084 USA 32084 USA

8. Name and Address of Current Registered Agent

Name  
Michelle Powers

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

Apt. #, Etc.

City State Zip Code  
Saint Augustine FL 32084

4. State/Country of Formation  
FL USA

5. Date Organized or Qualified To Do Business in Florida  
May 8 2017

6. FEI Number Applied For  
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED

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 Michelle Powers Date 1/1/22  
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	Michelle Powers	54 Abbott St.	Saint Augustine
MGRM	Donald Wallis	780 N. Peace Rd Blvd.	Saint Augustine 32084 32084
<b>REINSTATEMENT</b>			
JAN 06 2022			
R. HUNT			

11. E-mail Address meeshpow3@gmail.com

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 Michelle Powers Date 1/1/22 Daytime Phone # 215-589-4540

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