

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


2021 NOV -1 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400375950694

11/01/21--01049--010 **655.00

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L17000227314 1. Limited Liability Company's Name PCM Properties LLC			
2. Principal Office Address - No P.O. Box # 2893 N. Harbor City BLVD Suite, Apt #, etc		3. Mailing Office Address 2893 N. Harbor City BLVD Suite, Apt #, etc	
City & State Melbourne, FL Zip 32935 Country United States		City & State Melbourne, FL Zip 32935 Country United States	
8. Name and Address of Current Registered Agent Name Paul Scully Street Address (P.O. Box Number is Not Acceptable) Suite 3637 Cappio Drive Apt #, Etc City Melbourne State FL Zip Code 32940			
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 <u><i>Paul Scully</i></u> Date <u>10/28/2021</u> 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	Paul Scully	1097 South Patrick Dr.	Satellite Beach, FL 32937
11. E-mail Address <u>paulscully123@yahoo.com</u> (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 <u><i>Paul Scully</i></u>		Date <u>10/28/2021</u>	Daytime Phone # <u>321-848-1351</u>
Typed or printed name of signing authorized representative/member _____			

4. State/Country of Formation Florida/United States	
5. Date Organized or Qualified To Do Business in Florida Filed 8:00am 11/02/2017	
6. FEI Number 82-3595169	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status <u>not needed</u>	
<u>Reinst.</u> <u>18-21</u>	
DEC 06 2021 D CONNELL	