

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2:11 PM -1 PM 1:37

DOCUMENT # L17000255035

1. Limited Liability Company's Name

3605 116th Street Court West LLC

900359698989
10/19/20--01032--0.79 **100.00

900359698989
02/08/21--01004--0.01 **555.00
CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

3603 115th St. Ct. W.

3. Mailing Office Address

P.O. Box 243

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Cedarhurst, NY

Zip

34210

Country

USA

Zip

11516

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified To Do Business in Florida

12/13/2017

6. FEI Number

82-3721796

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

Bartly M. Carr II

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

3603 115th St. Ct. W.

Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34210

FEB 08 2021

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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

Bartly M. Carr II

Date 1/19/2021

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
Member	Bartly M. Carr II	3603 115 th St. Ct. W.	Bradenton FL 34210
Member	Charles J. Shields III	124 Grove Ave., Suite 243	Cedarhurst, NY 11516

REINSTATEMENT

2018-2021

11. E-mail Address

cjs CPA @ optonline.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

Charles J. Shields III

Date

1/19/2021

Daytime Phone #

(516) 458-2575

Typed or printed name of signing authorized representative/member

Charles J. Shields