


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L18000044976			
1. Limited Liability Company's Name LEKKER, LLC			
2. Principal Office Address - No P.O. Box # 19484 Forest Garden Ct Suite, Apt. #, etc. City & State Brooksville, FL Zip Country 34601 US		3. Mailing Office Address 19484 Forest Garden Ct Suite, Apt. #, etc. City & State Brooksville, FL Zip Country 34601 US	
4. State/Country of Formation FLORIDA, US			
5. Date Organized or Qualified To Do Business in Florida 02/20/2018			
6. FEI Number 83-0941968		<input checked="" 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			
8. Name and Address of Current Registered Agent Name MARIA DEL PILAR REARICK Street Address (P.O. Box Number is Not Acceptable) Suite, 19484 Forest Garden Ct Apt. #, Etc. City State Zip Code Brooksville FL 34601			
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 <i>Maria Del Pilar Rearick</i> Date April 1, 2024 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	MARIA DEL PILAR REARICK	19484 Forest Garden Ct	Brooksville, FL 34601
11. E-mail Address: SULE11@msn.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 <i>Maria Del Pilar Rearick</i> Date 04-01-2024 Daytime Phone # 954-394-3918 Typed or printed name of signing authorized representative/member MARIA DEL PILAR REARICK, MANAGER			