PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENTOF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2021 JUL 22 PM 1:34

DOCUMENT # L 18000174106

1. Limited Liability Company's Name
Gecko Cove Creations LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5559 Sycamore Rd	5559 Sycamore Rd
Suite Apt. #, etc /	Suite Apt. #, etc /
City & State: Quincy, FL.	City & State: Quincy, FL.
Zip: 32351 Country: USA	Zip: 32351 Country: USA

CR2E041 (1/14)

4. State/Country of Formation: Gadsden
5. Date Organized or Qualified To Do Business in Florida: July 2018
6. FEI Number: 83-1384957 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

100370457121
07/22/21--01011--009 **516.25

8. Name and Address of Current Registered Agent

Name: John Wilson
Street Address (P.O. Box Number is Not Acceptable): 5559 Sycamore Rd
Apt. #, Etc:
City: Quincy | State: FL | Zip Code: 32351

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: _____ Date: July 22, 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
Mgr	John Wilson	5559 Sycamore Rd	Quincy FL 32351

11. E-mail Address: Geckocovecreations@gmail.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: _____ Date: July 22, 2021 Daytime Phone #: 304-495-5508

Typed or printed name of signing authorized representative/member: _____

OV