

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2024 APR -8 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L18000175475

1. Limited Liability Company's Name

Taylor Air Conditioning & Property Services LLC

600427290326
01/08/24--01003--002 **\$77.50

CR2E041 (1/14)

2. Principal Office Address - (No P.O. Box #) 2130 Pepper Drive Suite, Apt. #, etc.		3. Mailing Office Address 2130 Pepper Drive Suite, Apt. #, etc.	
City & State Navarre, Florida		City & State Navarre, Florida	
Zip 32566	Country USA	Zip 32566	Country USA

4. State/Country of Formation Florida / USA	
5. Date Organized or Qualified To Do Business in Florida 7-20-2018	
6. FEI Number 83-1294485	<input type="checkbox"/> Applied For <input checked="" 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 Patrick Taylor	
Street Address (P.O. Box Number is Not Acceptable) Suite, 2130 Pepper Drive Apt. #, Etc.	
City Navarre,	State FL
	Zip Code 32566

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

Patrick Taylor
REGISTERED AGENT MUST SIGN

Date 4-3-24

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
AD	Molly A. Taylor	2130 Pepper Drive	Navarre, FL 32566

• L. BROWN •

APR 8 2024

11. E-mail Address: mail@taylor-ac.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

Patrick Taylor

Date

4-3-24

Daytime Phone #

850-653-7877