

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L19000085280

1. Limited Liability Company's Name

Costal Pressure Washing L.L.C.

100423956981  
02/14/24--01003--007 \*\*500.00

100423956981  
02/14/24--01003--006 \*\*180.00

2. Principal Office Address - No P.O. Box # <u>12700 Bartram Park Blvd</u>		3. Mailing Office Address <u>12700 Bartram Park Blvd</u>	
Suite, Apt. #, etc. <u>Unit 1211</u>		Suite, Apt. #, etc. <u>Unit 1211</u>	
City & State <u>Jacksonville FL</u>		City & State <u>Jacksonville FL</u>	
Zip <u>32258</u>	Country <u>Duval</u>	Zip <u>32258</u>	Country <u>Duval</u>

CR2E041 (1/14)

4. State/Country of Formation <u>Florida</u>	
5. Date Organized or Qualified To Do Business in Florida <u>03/22/2019</u>	
6. FEI Number <u>88-2202210</u>	<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 Rob Meyer  
Street Address (P.O. Box Number is Not Acceptable) Suite,  
Box 5372  
Apt. #, Etc.

City Jacksonville State FL Zip Code 32247

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date  
1/30/24

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
mgr.	Ryan Rupp	12700 Bartram Park Blvd	Jacksonville FL 32258

11. E-mail Address: CostalPhx@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

Daytime Phone #

Ryan Rupp

1/30/24

904-334-4318