

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L20000244855

1. Limited Liability Company's Name
Gulf Coast Guardian LLC

2. Principal Office Address - No P.O. Box #
34300 Bermont Road

Suite, Apt. #, etc.

City & State
Punta Gorda, FL

Zip Country
33982 United States

3. Mailing Office Address
34300 Bermont Road

Suite, Apt. #, etc.

City & State
Punta Gorda, FL

Zip Country
33982 United States

8. Name and Address of Current Registered Agent

Name
Joshua C Booze

Street Address (P.O. Box Number is Not Acceptable) Suite,
34300 Bermont Road

Apt. #, Etc.

City State Zip Code
Punta Gorda FL 33982

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

REGISTERED AGENT MUST SIGN

Date 01/18/2024

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	Joshua C Booze	34300 Bermont Road	Punta Gorda, FL 33982

11. E-mail Address: gulfcoastguardianllc@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 01/18/2024

Daytime Phone #

941-889-8689

Typed or printed name of signing authorized representative/member

Joshua C Booze

FILED
2024 JAN 24 PM 12:11
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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01/24/24--01010--019 **885.00

CR2E041 (1/14)

4. State/Country of Formation
Florida, United States

5. Date Organized or Qualified
To Do Business in Florida 08/12/2020

6. FEI Number Applied For
85-2680564 Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required
for a certificate of status

J DENNIS

FEB 10 2024