

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2022 FEB 17 PM 12:07

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L20000338871

1. Limited Liability Company's Name

PALMETTO HUNTSVILLE-WINCHESTER RD, LLC

2. Principal Office Address - No P.O. Box #
221 S CRAWFORD ST

3. Mailing Office Address
221 S CRAWFORD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

THOMASVILLE, GA 31792

City & State

THOMASVILLE, GA 31792

Zip

31792

Country

United States

Zip

31792

Country

United States

8. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301-2525

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

Tyler Ciminillo

REGISTERED AGENT MUST SIGN

Date 01/10/2022

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	PALMETTO CAPITAL GROUP	221 S CRAWFORD ST	THOMASVILLE, GA 31792

REINSTATEMENT

FEB 17 2022

R. HUNT

11. E-mail Address: preyes@guyandjohnson.com

(Table 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 reinstated, 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 declare that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.165, F.S.

Signature of authorized representative/manager

Date

1/11/2022

Daytime Phone #

1/11/2022

Typed or printed name of signing authorized representative/manager Miles Watkins