

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L20000348965

1. Limited Liability Company's Name
Deborah Freed LLC

~~200440888072~~
12/10/24-01024-013 **238.75

~~200440888072~~
12/10/24- 01024 013 **238.75

2. Principal Office Address - No P.O. Box #
594 Batten Blvd

3. Mailing Office Address
594 Batten Blvd

Suite, Apt. #, etc.

City & State
Pensacola, FL

Zip Country
32507 USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified To Do Business in Florida
11/03/2020

6. FEI Number
85-3738677

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

8. Name and Address of Current Registered Agent

Name
Deborah Freed

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

Apt. #, Etc.

City State Zip Code
Pensacola FL 32507

FILED
 2024 DEC 10 AM 8:00
 SECRETARY OF STATE
 TALLAHASSEE

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 *Deborah Freed* Date **12/4/2024**

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 | Deborah Freed | 594 Batten Blvd | Pensacola, FL 32507 |
| | | | |
| | | | |
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11. E-mail Address: **DebiSellsParadise@yahoo.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 *Deborah Freed* Date **12/04/2024** Daytime Phone # **8502611554** **WILSON**

Typed or printed name of signing authorized representative/member _____

DEC 10 2024