PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600419303266
11/21/23 -- 01028--002
**238.75

DOCUMENT #

1. Limited Liability Company's Name

L22000009175

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1010Muriel Blvd	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Labelle, FL	City & State
Zip: 33935 Country: Hendry	Zip Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business In Florida: 01/03/22

6. FEI Number ☐ Applied For ☐ Not Applicable

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

8. Name and Address of Current Registered Agent

Name: August Gray

Street Address (P.O. Box Number is Not Acceptable) Suite,: 1010 Muriel Blvd

Apt. #, Etc.

City: Labelle | State: FL | Zip Code: 33935

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: _____ Date: 02/14/24

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
AR	August Gray	Same as	
AR	Coty Gray	above	

FILED
2023 NOV 21 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. E-mail Address: Grayseathmovers@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 reserved name, if any, has been transferred, 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: 02/14/24 Daytime Phone #: 863-677-2708

August Gray