

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2024 MAR 29 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L22000533811

1. Limited Liability Company's Name

Tax Plug Tallahassee LLC

2. Principal Office Address - No P.O. Box #

1540 S. Adams Street

Suite, Apt. #, etc

C

3. Mailing Office Address

Suite, Apt. #, etc

City & State

Tallahassee, Florida Tall

Zip

32301

Country

U.S

Zip

Country

8. Name and Address of Current Registered Agent

Name

Adrienne Little

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

2616 Mission Road

Apt. #, Etc.

119

City

Tallahassee

State

FL

Zip Code

32304

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/27/22

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

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

Adrienne Little

Date

3/29/24

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
AMBR	Khiry Thomas	1827 Fort Browder Rd	Eustula, AL 36027
AMBR	Adrienne Little	2616 Mission Rd #119	Tallahassee, FL 32304

11. E-mail Address: superiorqueen2019@gmail.com

S. FRANKLIN

(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 requirements 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

Adrienne Little

Date

3/29/24

Daytime Phone

(850) 765-8647

Typed or printed name of signing authorized representative/member

Adrienne Little