PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2024 FEB 13 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/13/24--01004--003 **243.75

DOCUMENT # L23000346214

1 Limited Liability Company's Name
TMR SERVICES TR LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4217 Troon PL	4217 Troon PL
Suite, Apt #, etc	Suite, Apt #, etc
City & State: Fort Pierce, FL	City & State: Fort Pierce, FL
Zip: 34947 / Country: USA	Zip: 34947 / Country: USA

4. State/Country of Formation: FL/USA

5 Date Organized or Qualified To Do Business in Florida: 7/20/2023

6. FEI Number: 99-0792558 ☐ 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: Terri M. Robinson

Street Address (P.O. Box Number is Not Acceptable) Suite,: 4217 Troon PL

Apt #, Etc:

City: Fort Pierce | State: FL | Zip Code: 34947

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 1/20/2024

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	Terri M. Robinson	4217 Troon PL	Fort Pierce, FL 34947
AR	Ricki Gardner	4217 Troon PL	Fort Pierce, FL 34947

11. E-mail Address: tmr19996@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 _____ Date 1/20/2024 Daytime Phone # 561-573-3011

Typed or printed name of signing authorized representative/member: Ricki Gardner