## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

## LIMITED LIABILITY COMPANY REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # L23000354422

felony as provided for in s. 817,155, F.S.

Signature of authorized representative/member.

1. Limited Liability Company's Name

Florida Screen Patrol, LLC

2024 JIJN 06, PH 12: 33 TALL CHASSEE, FL

| 2. Principal Office Address - No P.O. Box#<br>886 Brentwood Drive |  | 3. Mailing Office Address<br>886 Brentwood Drive    |   |  | CR2ED41 (1/14)  4. State/Country of Formation |   |                                   |  |
|---|--|---|---|--|---|---|-----------------------------------|--|
| Suite, Apt. #, etc.   |  | Suite, Apt. #. etc.                                 |   |  | FL/US  5. Date Organized or Qualified         |   |                                   |  |
| City & State  |  | City & State  |   |  |   | Susiness in Florida 07/26   | /23                               |  |
| Venice,FL   |  | Venice, FL  |   |  | 6. FEI Number Applied For Not Applicable      |   |                                   |  |
| <sup>Zip</sup> 34292  | Country US   | 34292   |   | Country US   | 7. CERTIFICAT                                 | TE OF STATUS DESIRED ( \$5.00 A   | dditional Fee required            |  |
|   | of Current Registered Agent                                    |   |   | 000431356800   |   |   |                                   |  |
| Christoph   |  |   |   |  | 06/06/2401027001 +*238.75                     |   |                                   |  |
| Street Address (P.O. Bax N<br>886 Brent                           | te,  |   |   |  |   |   |                                   |  |
| Apt. #, Etc.  |  | ,   |   |  | REMISTATEMENT                                 |   |                                   |  |
| Venice  |  |   | State Zip Code<br>FL 34292                                      |  |   | 2024  |                                   |  |
| I, being appointed the Signature of Registered Agent              | he rospetored agent of the et                                  | REGISTERED AGENT MA                                 |   | ny, am familiar with and acc                               | pept the obligat                              |   | -2024                             |  |
| 10. Names and Street Ad   | ddresses of Authorized Repre                                   | sentatives/Managers                                 |   |  |   |   |                                   |  |
| Titles  | Name of Authorized Representatives/ Managers                   |   | Street Address of Each<br>Authorized Representative/<br>Manager |  | re/   | City / Sta  | City / State / Zip                |  |
| YERM Chi  | Imore 8  | 2 886 Blantura Or.                                  |   |  | Voice, FL                                     | 34292   |                                   |  |
|   |  |   |   |  |   |   |                                   |  |
|   |  |   |   |  |   |   |                                   |  |
|   |  |   |   |  |   | JUL 12 2024   | •                                 |  |
|   | <del></del>  |   |   |  |   | M. WILLIAI  | SM                                |  |
| 11, E-mail Address:   | elmoremax@   | aol.com   |   |  |   |   |                                   |  |
|   |  | (То   |   | future annual report notificatio                           |   |   |                                   |  |
| certify that when filing the 605,0012, F.S., and that             | nis reinstatement application<br>t all fees owed by the limite | n the reason for dissolu<br>d tlabitily company hav | ution has t<br>ve been pa                                       | peen etiminated, the limite<br>sid. The information indica | d liability comp<br>ted on this ap            | on as provided for in Chapter 605<br>pany name satisfies the requirem<br>plication is true and accurate, an<br>epartment of State constitutes a t | nent of section<br>d my signature |  |