

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000001405

1. Limited Liability Company's Name
ELAN Management, LLC

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

1315 Oxmoor Court

Suite, Apt. #, etc.

City & State

Valrico, FL

Zip

33596

Country

US

3. Mailing Office Address

1315 Oxmoor Court

Suite, Apt. #, etc.

City & State

Valrico, FL

Zip

33596

Country

US

8. Name and Address of Current Registered Agent

Name

James P. Hines

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

315 S. Hyde Park Ave

Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

03/08/1999

6. FEI Number

59-3564021

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

300284741843
04/19/16--01019--001 **541.25

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

REGISTERED AGENT MUST SIGN

Date **April 15, 2016**

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	Nancy J. Keim, Trustee	1315 Oxmoor Court	Valrico, FL 33596

11. E-mail Address: **nancyjkeim@gmail.com**

(To be used for future annual report notifications)

S. YOUNG

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 **April 15, 2016**

Daytime Phone #

813.545.2853

Typed or printed name of signing authorized representative/member

Nancy J. Keim, Trustee

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APR 19 PM 2:19

APR 20 2016