

m210000054101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

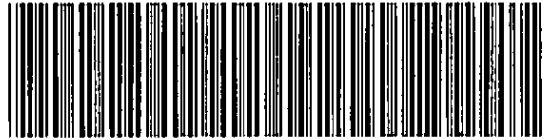
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500361634055

03/19/21--01014--020 **125.00

FILED
21 MAR 19 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 6 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAUREL CREST ENTERPRISES, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

TOM WILLIAMS

Name of Person

LAUREL CREST ENTERPRISES, LLC

Firm/Company

15 Laurel Crest Drive

Address

Burlington, CT 06013

City/State and Zip Code

tom@laurelcrestenterprises.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Williams

860

930-7897

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LAUREL CREST ENTERPRISES, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Wyoming 3. 83-2017937
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1910 Thomes Ave. 6. 15 Laurel Crest Drive
(Street Address of Principal Office) (Mailing Address)
Cheyenne, WY 82001-3527 Burlington, CT 06013

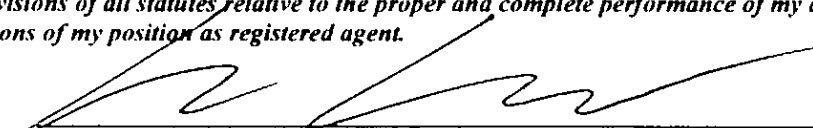
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Campione Law LLC
Office Address: 3200 Emerson Street
Jacksonville, Florida 32207
(City) (Zip code)

FILED
MAR 19 AM 10:23
CLERK OF STATE
TALLAHASSEE, FLORIDA

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Tom Williams	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 15 Laurel Crest Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Burlington, CT 06013	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Tom Williams

Signature of an authorized person

Tom Williams

Typed or printed name of signer



Secretary of State

Wyoming Secretary of State

Herschler Bldg East, Ste.100 & 101

Cheyenne, WY 82002-0020

Ph. 307-777-7311

For Office Use Only

WY Secretary of State

FILED: Feb 22 2021 4:10PM

Original ID: 2018-000820311

Amendment ID: 2021-003131833

**Limited Liability Company
Certificate of Reinstatement**

A Limited Liability Company may apply to the Secretary of State for reinstatement within two (2) years after the effective date of dissolution/revocation.

1. Name of the Limited Liability Company: **Laurel Crest Enterprises, LLC**
2. Effective date of dissolution/revocation: **11/09/2020**
3. The grounds for dissolution/revocation have been eliminated.

Signature: **Thomas J Williams**

Date: **02/22/2021**

Print Name: **Thomas J Williams**

Title: **Member**

Contact Person: **Thomas J Williams**

Email: **thomaselaine@comcast.net**

Daytime Phone #: **(860) 673-7183**

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, Secretary of State of the State of Wyoming, do hereby certify that the certificate of dissolution for the entity listed below has been canceled and this entity has been reinstated effective **February 22nd, 2021** as the grounds for dissolution/revocation have been eliminated.

CERTIFICATE OF REINSTATEMENT

Laurel Crest Enterprises, LLC

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **22nd** day of **February, 2021** at **4:11 PM**.



Filed Date: 02/22/2021

Edward A. Buchanan

Secretary of State

Filed Online By:

Thomas J Williams

on 02/22/2021