

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000006473

**Entity Name:** THRELKELD HOLDINGS, LLC

**Current Principal Place of Business:**

317 S.E. 3RD STREET  
APT.# 2  
BELLE GLADE, FL 33430

**Current Mailing Address:**

317 S.E. 3RD STREET  
APT.# 2  
BELLE GLADE, FL 33430

**FEI Number:** 90-1135662

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

THRELKELD, JAMES J  
317 SE THIRD STREET  
APARTMENT # 2  
BELLE GLADE, FL 33430 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** JAMES J.THRELKELD

01/25/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name THRELKELD HOLDINGS LLC  
Address 317 S.E. 3RD STREET, APT. 2  
City-State-Zip: BELLE GLADE FL 33430

Title MGR  
Name THRELKELD, JAMES J  
Address 317 S.E. 3RD STREET, APT. 2  
City-State-Zip: BELLE GLADE FL 33430

Title MGR  
Name ELLIS, ELIZABETH T  
Address 317 S.E. 3RD STREET  
APT.# 2  
City-State-Zip: BELLE GLADE FL 33430

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES THRELKELD

**REGISTERED AGENT**

01/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date