

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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11/21/23 -- 01028--002

** 238.75

DOCUMENT #

1. Limited Liability Company's Name

L22000009175

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

1010 Muriel Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Labelle, FL

City & State

Zip

Country

33935

Hendry

Zip

Country

8. Name and Address of Current Registered Agent

Name

August Gray

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

1010 Muriel Blvd

Apt. #, Etc.

City

Labelle

State

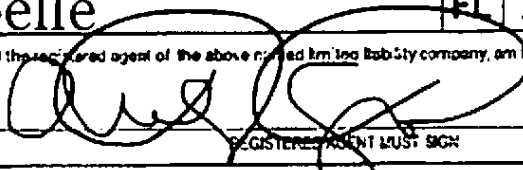
FL

Zip Code

33935

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 **02/14/24**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	August Gray	Same as	
AR	Coty Gray	above	

FILED
2023 NOV 21 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

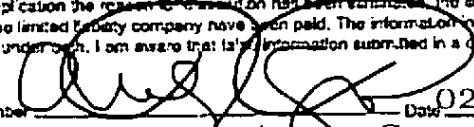
11. E-mail Address:

Graysearthmovers@gmail.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 reinstatement fee has been paid. 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/manager



Date **02/14/24**

Daytime Phone # **863-677-2708**

Typed name of authorized representative/manager

August Gray