

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2023 MAY -9 PM 1:26

SEC

500408495285  
05/09/23--01002--023 \*\*105.00

CR2E041 (1/14)

DOCUMENT # L22000095015

1. Limited Liability Company's Name

Ethan Daniel's Superior Services

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

6836 Morgana Rd. N

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32211

Country

USA

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

8. Name and Address of Current Registered Agent

Name

Ethan Daniel

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

6836 Morgana Rd. N.

Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32211

500408495285  
05/09/23--01002--024 \*\*138.75

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

*Ethan Daniel*

Date

4-27-23

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles               | Name of<br>Authorized Representatives/<br>Managers | Street Address of Each<br>Authorized Representative/<br>Manager | City / State / Zip     |
|----------------------|----------------------------------------------------|-----------------------------------------------------------------|------------------------|
| owner/<br>manager    | Ethan Daniel                                       | 6836 Morgana Rd. N                                              | Jacksonville, FL 32211 |
| Authorized<br>Person | Ethan Daniel                                       | 6836 Morgana Rd. N                                              | Jacksonville, FL 32211 |
|                      |                                                    |                                                                 |                        |
|                      |                                                    |                                                                 |                        |
|                      |                                                    |                                                                 | W. LAWRENCE            |
|                      |                                                    |                                                                 | MAY 09 2023            |

11. E-mail Address: ethanjaniel117@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 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

*Ethan Daniel*

Date

4-27-23

Daytime Phone #

(904) 553-4810