

# LIMITED LIABILITY PARTNERSHIP REINSTATEMENT

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

## REGISTRATION #

### 1. Name and Mailing Address

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

### 3. Principal Place of Business Address

### 5. Federal Employer Identification Number

<input type="checkbox"/>	Applied For
<input type="checkbox"/>	Not Applicable

### 7. Name and Address of Registered Agent

### 9. New Registered Agent's Signature, If Changed

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:** \_\_\_\_\_  
SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE. Date

### 10. General Partner's Signature (REQUIRED)

The execution of this report as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PARTNER. Date Daytime Phone #

**E-mail:** \_\_\_\_\_

To be used for future annual report notices

## LLP #

CR2E029 (1/11)

### 2. New Mailing Address, if Applicable:

Suite, Apt#, etc.

City State Zip Code

### 4. New Principal Office Address, if Applicable:

Suite, Apt#, etc.

City State Zip Code

### 6. Certificate of Status Desired:

\$8.75 Additional Fee Required

### 8. New Name and/or Address of Registered Agent:

Name

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

**FL**

City Zip Code

# Reinstatement Instructions

**PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE REPORT. IF YOU NEED ASSISTANCE, PLEASE CALL (850) 245-6051.**

## Reminder:

1. Form must be typed or printed in ink and legible.
2. Signature in Block 10.
3. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.). This office strongly recommends payment be made by check rather than money order. The cancelled check or money order is critical in settling a dispute regarding the proper filing of a report. It can be extremely difficult to obtain verification when a money order has been processed. Please verify with your bank that your check has cleared before calling for the status of your application.

- Block 1. Block 1 is preprinted with the name and document number. You cannot change the name on this form. You must file an amendment to change the name.
- Block 2. Enter new mailing address, if applicable. A Post Office Box is acceptable.
- Block 3. Contains current principal place of business address.
- Block 4. Enter new principal place of business address, if applicable. A Post Office Box is not acceptable.
- Block 5. If blank, complete Block 5 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. **If "applied for" was previously reported, you must now provide the FEI number.** FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-4933.
- Block 6. Should you desire a certificate reflecting your entity's status after the filing of this application, check the BOX in Block 6 and include an additional \$8.75 with your filing fee.
- Block 7. Block 7 is preprinted with the name and address of the current Registered Agent.
- Block 8. Enter the name of the new Registered Agent and/or new Registered Office Address. The Registered Office address must be a **Florida Street address**. A P.O. Box is NOT acceptable for service of process. A LIMITED LIABILITY PARTNERSHIP CANNOT SERVE AS ITS OWN REGISTERED AGENT; however, a principal of the Limited Liability Partnership can.
- Block 9. If a new Registered Agent has been appointed, the new Registered Agent must accept the obligations and this appointment by completing and signing in Block 9. No signature is necessary if the same Registered Agent is retained. If the Registered Agent is a different entity, the person signing must state their position with the entity.
- Block 10. **This report must be signed in Block 10** with an original signature by a partner of the Limited Liability Partnership.

## **FEES:**

Reinstatement Fee:.....\$25.00  
Filing Fee:.....\$25.00 (for each year due this office)

### **Mailing Address:**

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

### **Internet Address:**

[www.sunbiz.org](http://www.sunbiz.org)

### **Street/Courier Address:**

Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## **Questions?**

Phone: (850) 245-6051  
Hearing/Voice Impaired may call (850) 245-6096 (TDD)