

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV -1 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **10000003331**

1. Limited Liability Company's Name

Silver Shamrock, LLC

2. Principal Office Address

914 Curlew Rd

Suite, Apt. #, etc.

#186

City & State

Dunedin, FL

Zip

34698

Country

USA

3. Mailing Office Address

914 Curlew Rd

Suite, Apt. #, etc.

#186

City & State

Dunedin, FL

Zip

34698

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

3-23-2000

6. FEI Number

59-3631974

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

Shannon Groth

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

914 Curlew Rd

Suite, Apt. #, Etc.

#186

City

Dunedin

State

FL

Zip Code

34698

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Shannon Groth

REGISTERED AGENT MUST SIGN

Date

9-17-04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgr	David R. Groth	914 Curlew Rd #186	Dunedin, FL 34698

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of
Managing Member/Manager

David R. Groth

Date **9-17-04**

Daytime Phone# **727-773-1449**

Typed or printed name of signing Managing Member/Manager