

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 OCT 20 PM 12:07

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L000000006854

1. Limited Liability Company's Name

Ketchum Andros, LLC

800042031728
10/20/04--01090--001 **300.00

2. Principal Office Address

4516 Pebble Bay South

Suite, Apt. #, etc.

City & State

Vero Beach FL

Zip

32963

Country

USA

3. Mailing Office Address

4516 Pebble Bay South

Suite, Apt. #, etc.

City & State

Vero Beach FL

Zip

32963

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6/13/00

6. FEI Number

58-2603220

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

Robin A Lloyd, Jr

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

3545 Ocean Dr.

Suite, Apt. #, Etc.

Suite 201

City

Vero Beach

State

FL

Zip Code

32963

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-18-04

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
MEMR	John S. Miller	4516 Pebble Bay South	Vero Beach, FL 32963

REINSTATEMENT

2001-04 JB

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

[Signature]

Date

10/12/04

Daytime Phone #

208-726-1190

Typed or printed name of signing Managing Member/Manager

John S Miller

CR2E041 (10/02)