

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations
and Secretary of State

FILED

02 NOV 12 AM 11:26

1. DOCUMENT # L01000018539

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0011308 01 SP 0.370 **SGLP 0615 32114

600008936226

11/12/02--01085--003 **150.00

LARGO MANAGEMENT SERVICES LLC
180 POINT O'WOODS DRIVE
DAYTONA BEACH FL 32114



2. New Mailing Address

City, State, Zip

Principal Place of Business

180 POINT O'WOODS DRIVE
DAYTONA BEACH FL 32114

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/25/2001

6. FEI Number

01-0657520

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

WERCHOLUK, RICHARD
180 POINT O'WOODS DRIVE
DAYTONA BEACH FL 32114

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

REGISTERED AGENT MUST SIGN

Date 11-7-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	WERCHOLUK, RICHARD	861 WORCESTER DRIVE	NISKAYUNA NY 12309
MGR	WERCHOLUK, LOUELLA	861 WORCESTER DRIVE	NISKAYUNA NY 12309
MGR	WERCHOLUK, AMANDA	861 WORCESTER DRIVE	NISKAYUNA NY 12309

12. 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

Date 11-7-02 Daytime Phone # (386) 846-3147

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)