

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 20 AM 11:10

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 20200000899

1. Limited Liability Company's Name

LIMCON MANAGEMENT LLC

2. Principal Office Address

21 S.E AVENUE

Suite, Apt. #, etc.

10TH FLOOR

City & State

MIAMI-FL

Zip

33131

Country

FLORIDA

3. Mailing Office Address

4601 BAY CREST DRIVE

Suite, Apt. #, etc.

SUITE A

City & State

TAMPA

Zip

33615

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01/11/2002

6. FEI Number

71-0873800

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

HART, DAVID J ESQ.

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

21 S.E AVENUE

Suite, Apt. #, Etc.

10TH FLOOR

City

MIAMI

State

FL

Zip Code

33131

REINSTATEMENT 03-05

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

REGISTERED AGENT MUST SIGN

Date

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
MGRM	ANA L TANNER	4601 BAY CREST DRIVE	TAMPA-FL 33615
1	PETER TANNER	4601 BAY CREST DRIVE	TAMPA-FL 33615

200056357172
06/20/05--01081--002 **250.00

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

Date 06/16/05

Daytime Phone # 813-8847364

Typed or printed name of signing Managing Member/Manager

ANA L TANNER

CR2EM1 (10/02)