

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2010 AUG -9 PM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000012769

1. Limited Liability Company's Name

PMP LLC

800183193378  
07/12/10--01060--004 \*\*516.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #

1857 FLOYD ST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

Zip

Country

34239

USA

Zip

Country

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

5/21/2002

6. FEI Number

81 0554397

☐ 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

DANIELLE PATTI

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

1857 FLOYD ST

Suite, Apt. #, Etc.

SUITE 100

City

SARASOTA

State

FL

Zip Code

34239

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

Danielle M. Patti

Date 7.4.10

REGISTERED AGENT MUST SIGN

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
MEM	Danielle M. Patti	1857 Floyd St, Suite 100	Sarasota, FL 34239

REINSTATEMENT-08-10

11. E-mail Address:

DANIELLE.P44@VERIZON.NET

(To be used for future annual report notifications)

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

Danielle M. Patti

Date 7.4.10

Daytime Phone # 941-377-3056

Typed or printed name of signing Managing Member/Manager

Danielle M. Patti