

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT
DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

L02000013234

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600023766756
10/13/03--01096--022 **150.00

DOCUMENT # **L02000013234**

1. Limited Liability Company's Name
LaRocco, L.L.C.

2. Principal Office Address 14051 Emerald Coast Pkwy		3. Mailing Office Address 4481 Legendary Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 200	
City & State Destin, Florida		City & State Destin, Florida	
Zip 32541	Country USA	Zip 32541	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida May 30, 2002	
6. FEI Number 04-3695124	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Lamar Conerly, Jr.	
Street Address (P.O. Box Number is Not Acceptable) 4481 Legendary Drive	
Suite, Apt. #, Etc. Suite 200	
City Destin, FL	State FL
	Zip Code 32541

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 *Lamar Conerly, Jr.* Date **October 8, 2003**

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
MGR	Anthony LaRocco	14051 Emerald Coast Parkway	Destin, FL 32541
MG	Michael McMillan	14051 Emerald Coast Parkway	Destin, FL 32541

REINSTATEMENT 2003

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 *Anthony LaRocco* Date **10/8/03** Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager **Anthony LaRocco**

CR2041 (10/02)