

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 26 AM 9:26

DOCUMENT # L020000023837

1. Limited Liability Company's Name

Todd Associates Food
Equipment Services

700086822247
01/31/07--01049--012 **350.00
CR2E041 (1/07)

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

4475-A Ashton Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

1151 S. Cypress Pt. Dr.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Venice, FL

Zip

34233

Country

US

Zip

34293

Country

US

4. State/Country of Formation

Florida U.S.

5. Date Organized or Qualified
To Do Business in Florida

9-13-2002

6. FEI Number

13-4214634

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

Norman Todd

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

1151 South Cypress Pt Dr

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34293

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Norman J Todd

REGISTERED AGENT MUST SIGN

Date 1-24-07

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	Norman Todd	1151 S Cypress Pt Dr	Venice FL, 34293

REINSTATEMENT 03-07

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

Norman J Todd

Date 1-24-07

Daytime Phone # 941-586-9614

Typed or printed name of signing Managing Member/Manager

Norman J Todd