

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 28 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800120588738
03/18/08--01012--021 **416.25

CR2E041 (12/07)

DOCUMENT # L02000024144

1. Limited Liability Company's Name

CUT TAX & ACCOUNTING SERVICES, LLC

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

36 CEDAR TREE TER.

Suite, Apt. #, etc.

City & State

OCALA FL

Zip

34472

Country

MARION

3. Mailing Office Address

P.O. Box 4728

Suite, Apt. #, etc.

City & State

OCALA FL

Zip

34478

Country

MARION

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

09.17.02

6. FEI Number

33-1027461

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

Clyde TRIUMPH

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

36 CEDAR TREE TER

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34472

☒ 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

REGISTERED AGENT MUST SIGN

Date 08/28/05

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	CLYDE TRIUMPH	36 CEDAR TREE TER	OCALA FL 34472

REINSTATEMENT 06-08

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 3-12-08

Daytime Phone # 352 425 0853

Typed or printed name of signing Managing Member/Manager

CLYDE TRIUMPH