

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 AUG 13 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LD2000027445

1. Limited Liability Company's Name

Aggrisource, LLC

900133536609  
07/28/08--01057--006 \*\*377.50

900133536609  
08/19/08--01024--001 \*\*38.75

CR2E041 (12/07)

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

5475 Golden Gate Pkwy

Suite, Apt. #, etc.

STE # 5 WEST

City & State

NAPLES

Zip

FL

Country

34116

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

10-14-02

6. FEI Number

043714528

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

CHRISTOPHER GEHRING, MGRM

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

3420 3rd Ave SW

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34117

☒ 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 7-22-08

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
<u>MR</u>	<u>CHRISTOPHER GEHRING, MGRM</u>	<u>3420 3rd Ave SW</u>	<u>NAPLES FL 34117</u>

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 7-22-08 Daytime Phone # 239 571 0204

Typed or printed name of signing Managing Member/Manager

CHRISTOPHER GEHRING