

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT -3 PM 12:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **LD2000029557**

1. Limited Liability Company's Name

CC Group I, LLC

100136607731
10/03/08--01041--010 **416.25

CR2E041 (10/08)

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

2423 Highway 17 South

Suite, Apt. #, etc.

Suite 2D

City & State

N. Myrtle Beach, SC

Zip

29582

Country

USA

3. Mailing Office Address

2423 Hwy 17 South

Suite, Apt. #, etc.

Suite 2D

City & State

N. Myrtle Beach

Zip

SC

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

11/01/2002

6. FEI Number

13-1228090

☐ 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
Douglas M. Clayton

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

1155 N. Courtenay Parkway

Suite, Apt. #, Etc.

City
Merritt Island

State

FL

Zip Code

32953

☒ 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

7 f m
REGISTERED AGENT MUST SIGN

Date **September 30, 2008**

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	Douglas M. Clayton	2423 Hwy 17 South	N. Myrtle Beach, SC 29582

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

7 f m
Douglas M. Clayton

Date **9/30/08**

Daytime Phone # **272-1030**

X 208