

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 19 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L030000 20694

1. Limited Liability Company's Name

Lloyd Enterprises, L.L.C.

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

10915 Baymeadows

3. Mailing Office Address

10915 Baymeadows

Suite, Apt. #, etc.

108

Suite, Apt. #, etc.

108

City & State

Jacksonville Florida 32216

City & State

Jacksonville Florida 32216

Zip

32216

Country

USA

Zip

32256

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

JUNE 5 2003

6. FEIN Number

743097259

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

Grady Thomas Lloyd

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

8423 High Gate Drive

Suite, Apt. #, Etc.

City

Jacksonville Florida

State

FL

Zip Code

32216

☒ 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. *I noted from*

*10584 Hampton Rd to 8423 Highgate Dr.
Newer residence*

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

Grady Thomas Lloyd
REGISTERED AGENT MUST SIGN

Date **10/31/07**

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
<i>mgr</i>	Grady Thomas Lloyd	8423 High Gate Drive	Jacksonville Florida 32216

400111460534
10/29/07--01065--004 **100.00

400111460534
10/29/07--01065--005 **50.00

REINSTATEMENT

06-07

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

Grady Thomas Lloyd

Date **10-25-07**

Daytime Phone #

904-994-9255

Typed or printed name of signing Managing Member/Manager

GRADY THOMAS LLOYD