

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIABILITY
ANY
INSTANTMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LO3000024942**

1. Limited Liability Company's Name
A.B. Barron Rental LLC

2. Principal Office Address - No P.O. Box # 7425 San Ramon Drive Suite, Apt. #, etc.		3. Mailing Office Address 7425 San Ramon Drive Suite, Apt. #, etc.	
City & State Milton, Florida		City & State Milton, Florida	
Zip 32583	Country USA	Zip	Country

8. Name and Address of Current Registered Agent

Name
James Dickerson

Street Address (P.O. Box Number is Not Acceptable)
7465 San Ramon Drive

Suite, Apt. #, Etc.

City
Milton

State
FL

Zip Code
32583

FILED
19 JUL 20 PM 3:10

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04/20/10--01044--005 **655.00
CR2E041 (11/09)

4. State/Country of Formation
Florida / USA

5. Date Organized or Qualified To Do Business in Florida
July 9, 2003

6. FEI Number
20-0392935

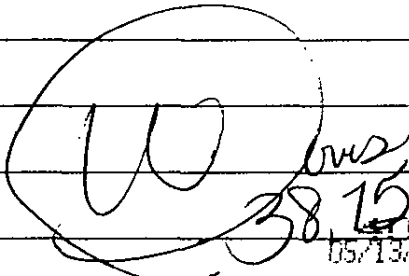
7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a Certificate of Status

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 **James F. Dickerson** Date **4-12-10**

REGISTERED AGENT MUST SIGN

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	Barron Management LLC	7425 San Ramon Drive	Milton, Florida 32583
REINSTATEMENT			SS SHAWKES
2006-10			JUL 21 2010 EXAMINER VINER

11. E-mail Address: _____

(To be used for future annual report notifications)

12. 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 same 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 **Tina Barron** Date **MAY 14 2010** Daytime Phone **(850) 983-2467**

Typed or printed name of signing Managing Member/Manager

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2010

AB BARRON RENTAL LLC
7425 SAN ROMAN DRIVE
MILTON, FL 32583

SUBJECT: A.B. BARRON RENTAL LLC
Ref. Number: L03000024942

We have received your document for A.B. BARRON RENTAL LLC and your check(s) totaling \$655.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100 reinstatement fee; \$138.75 filing fee for current year. Therefore, the total amount due to reinstate the limited liability company at this time is \$38.75.

Please include an additional \$5.00 for each certificate of status requested (optional).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 410A00010011