

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

Annual Report

DOCUMENT # *L03000048218*

1. Limited Liability Company's Name

*Bui Holland Heating & Air Conditioning
LLC*

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

3259 Robinhood Rd

Suite, Apt. #, etc.

3. Mailing Office Address

3259 Robinhood Rd.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip *32312* Country

Zip *32312* Country

4. State/Country of Formation

Florida, U.S.

5. Date Organized or Qualified
To Do Business in Florida

11/26/2003

6. FEI Number

261-86-7556

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

William B. Holland

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

3259 Robinhood Rd

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

☐ 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

William B. Holland Jr
REGISTERED AGENT MUST SIGN

Date *4/30/10*

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>MCM</i>	<i>William B. Holland Jr</i>	<i>3259 Robinhood Rd</i>	<i>Tallahassee, FL 32312</i>

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 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

William B. Holland

Date

4/30/10

Daytime Phone #

850-545-2628

Typed or printed name of signing Managing Member/Manager

William B. Holland

Col.

FILED

2010 MAY -3 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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