

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000048388

1. Entity Name  
CLAUGHTON, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 31 AM 10:27

Principal Place of Business  
38400 ILEX TRAIL  
EUSTIS, FL 32726 US

Mailing Address  
38400 ILEX TRAIL  
EUSTIS, FL 32726 US

QSS



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10262005 REIN-LLC

CR2E101 (6/04)

4. FEI Number

20-0438975

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MULLEN, SHAWN C  
38400 ILEX TRAIL  
EUSTIS, FL 32726

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Shawn C. Mullen*

SHAWN C. MULLEN

PRESIDENT

10/24/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2006, Fee will be \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME MULLEN, SHAWN C  
STREET ADDRESS 38400 ILEX TRAIL  
CITY-ST-ZIP EUSTIS, FL 32726 ☐ Delete

TITLE  
NAME 4000610440 ☐ Change ☐ Addition  
STREET ADDRESS 10/31/05--01045--019 \*\*155.00  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME REINSTATEMENT ☐ Change ☐ Addition  
STREET ADDRESS 2005  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Shawn C. Mullen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10-24-05

Date

Daytime Phone #

(352)  
455-3661