

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 DEC 14 AM 10:48

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03 0000 48663

1. Limited Liability Company's Name

Big Bend Gutters & More LLC

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

8560 Belk Dr. W

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Talla. FL

City & State

Zip

32310

Country

Leoa

Zip

Country

4. State/Country of Formation

U.S

5. Date Organized or Qualified  
To Do Business in Florida

12-1-03

6. FEI Number

20-0430276

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

David Vaughan

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

8560 Belk Dr W

Suite, Apt. #, Etc.

City

Talla

State

FL

Zip Code

32310

☒ 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

David Vaughan

Date 12-14-07

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
mgrm	David Vaughan	8560 Belk Dr W	Talla FL 32310
mgrm	John Elkus	164 Freeman cemetery rd Bainbridge GA 39812	Bainbridge GA 39812

REINSTATEMENT

00/07

and 900113143679

12/14/07--01005--004 \*\*105.00

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

David Vaughan

Date 12-14-07

Daytime Phone #

850 570 0092

Typed or printed name of signing Managing Member/Manager

David Vaughan