

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000049596

1. Entity Name
MCMULLIN, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 AUG 13 PM 2:27

Principal Place of Business
125 LEEWARD ISLAND
CLEARWATER BEACH, FL 33767

Mailing Address
125 LEEWARD ISLAND
CLEARWATER BEACH, FL 33767

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
PO Box 3912

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122007 REIN-LLC CR2E101 (1/07)

City & State

City & State
CLEARWATER FL

4. FEI Number
20-0467479

Applied For
Not Applicable

Zip Country

Zip Country
33767-8912

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

MCMULLIN, MIKE P
125 WINDWARD ISL
CLEARWATER, FL 33767

Name
MC MULLIN, MIKE P
Street Address (P.O. Box Number is Not Acceptable)
530 S. GULFVIEW BLVD #605

City
CLEARWATER FL Zip Code
33767

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 *Michael P. McMullin* MICHAEL MC MULLIN
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MCMULLIN, MICHAEL P
125 LEEWARD ISLAND
CLEARWATER BEACH, FL 33767 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MCMULLIN, MICHAEL P.
530 S. GULFVIEW BLVD #605
CLEARWATER, FL 33767 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800108704279
08/28/07--01026--019 **200.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 06-07 ☐ Change ☐ Addition

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Michael P. McMullin* MICHAEL MCMULLIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #