

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUL 14 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000158423470
07/13/09--01066--001 **138.75

CR2E041 (10/08)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

ANNUAL REPORT

DOCUMENT # 203000050694

1. Limited Liability Company's Name

CURTIS ALMOND, LLC
Auto Owner

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

16300 JAYAKE RD

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

Zip

34610

Country

USA

3. Mailing Office Address

SAHE

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

1-1-2004

6. FEI Number

52-2415152

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

CURTIS ALMOND

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

16300 JAYAKE RD.

Suite, Apt. #, Etc.

City

SPRING HILL

State

FL

Zip Code

34610

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 7-10-09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CURTIS ALMOND	16300 JAYAKE RD.	SPRING HILL, FL 34610

JB

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

[Signature]

Date

7-10-09

Daytime Phone #

727-9194308

Typed or printed name of signing Managing Member/Manager

CURTIS ALMOND