

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LO3000052323**

1. Limited Liability Company's Name

Redmon Construction LLC

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

7580 SW 78th PL

Suite, Apt. #, etc.

7580 SW 78th PL

City & State

Ocala, FL

Zip

34476

Country

America

3. Mailing Office Address

7580 SW 78th PL

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34476

Country

America

4. State/Country of Formation

FL of USA

**5. Date Organized or Qualified
To Do Business in Florida**

5/04

6. FEI Number

200469978

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

Ricky D Redmon

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

7580 SW 78th PL

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34476

☒ 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

Ricky D Redmon

REGISTERED AGENT MUST SIGN

Date **2/20/07**

AS

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
member	Ricky D Redmon	7580 SW 78th PL	Ocala, FL 34476
			200089979322
			03/01/07--01948--021 **150.00
			REINSTATEMENT
			05-07

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

Ricky D Redmon

Date **2/20/07**

Daytime Phone # **(352) 438-6459**

Typed or printed name of signing Managing Member/Manager