

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


2010 AUG -6 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200183615662  
07/29/10--01036--006 \*\*593.75

CR2E041 (11/09)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L03-56008**

1. Limited Liability Company's Name

**LANGILLE PLUMBING LLC**

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

**1727 MARYLAND AV**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**ORMOND BEACH FL**

City & State

Zip

Country

**32174 US**

Zip

Country

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified To Do Business in Florida

**12/15/2008**

6. FEI Number

**59-2347359**

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

**MARTIN G. LANGILLE**

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

**1727 MARYLAND AV**

Suite, Apt. #, Etc.

City

**ORMOND BEACH**

State

**FL**

Zip Code

**32174**

☒ 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]*

Date

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
MGR	MARTIN G. LANGILLE	1727 MARYLAND AV	ORMOND BEACH FL
MGR	SUSAN W. LANGILLE	418 ANDREWS ST	32174 ORMOND BEACH, FL
<p>200183615662 08/09/10--01048--004 **100.00</p> <p><b>REINSTATEMENT 06-10</b> <b>AL</b></p>			

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

**7/19/10**

Daytime Phone #

**386-527-1711**

Typed or printed name of signing Managing Member/Manager