

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L04000005063

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 MAY 20 AM 7:36

DIVISION OF CORPORATIONS

DOCUMENT # **L04000005063**

1. Limited Liability Company's Name

Shamrock Uni, LLC

BK
07

CR2E041 (11/09)

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

11943 N.W. 37 Street

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Zip

33065

Country

Broward

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/26/04

6. FEI Number

34-1981498

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

Michael Roberts

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

11943 N.W. 37 Street

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

☒ 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

Michael Roberts

Date

5/12/10

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
<i>mGR</i> M	Michael Roberts	11943 N.W. 37 Street	Coral Springs, FL 33065
<i>mGR</i> M	John McDonnell	11943 N.W. 37 Street	Coral Springs, FL 33065
<i>mGR</i> M	Marc Roberts	11943 N.W. 37 Street	Coral Springs, FL 33065

REINSTATEMENT *2007-2010*

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06/07/10--01007--004 **555.00

11. E-mail Address: **FL0511@MYACC.NET**

(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

Michael Roberts

Date

5/12/10

Daytime Phone #

(954) 752-2447

Typed or printed name of signing Managing Member/Manager