

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

13 SEP 30 PM 6:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000006555

1. Limited Liability Company's Name

Langdon Construction L.L.C.

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

2935 8th St.

Suite, Apt. #, etc.

3. Mailing Office Address

2935 8th St.

Suite, Apt. #, etc.

City & State

Vero Beach FL

City & State

Vero Beach, FL

Zip

32968

Country

Indian River

Zip

32968

Country

Indian River

4. State/Country of Formation

FL Indian River

5. Date Organized or Qualified  
To Do Business in Florida

1/26/2004

6. FEI Number

59-3780174

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/11)

\$655.00

8. Name and Address of Current Registered Agent

Name

William Langdon

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

2935 8th Street

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32968

E-mail Address:

400252187654  
09/30/13--01015--003 \*\*\$55.00

Willy Boy 255 @ Gmail.com

(To be used for future annual report notices)

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

Willy Boy

Date

9/26/13

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
MGRM	William Langdon	2935 8th Street	Vero Beach, FL 32968

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Willy Boy

Date

9/26/13

Daytime Phone #

772-696-0360

Typed or printed name of signing Managing Member/Manager

William Langdon

RA and MGRM as per William Langdon Oct. 1st, 2013