

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L04000007436

1. Limited Liability Company's Name

DAVE NIELSEN, LLC

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

331 BANYAN WAY

Suite, Apt. #, etc.

City & State

MELBOURNE BEACH, FLORIDA

Zip

32951

Country

USA

3. Mailing Office Address

311 BANYAN WAY

Suite, Apt. #, etc.

City & State

MELBOURNE BEACH, FLORIDA

Zip

32951

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

JANUARY 27, 2004

6. FEI Number

☐ 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

SUTCH & ASSOCIATES, P.A.

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

6451 Third St., Suite 1

Suite, Apt. #, Etc.

City

Rockledge

State

FL

Zip Code

32955

E-mail Address:

800219771968  
01/27/12--01036--015 \*\*516.25

bobcatdave@cfl.rr.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

Christine B Sutch President

Date 1-21-2012

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	NIELSEN, DAVID	311 BANYAN WAY	MELBOURNE FL 32951

REINSTATEMENT  
2010-2012

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 608.408, 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

DAVE NIELSEN

Date 1-20-12

Daytime Phone #

321-5088 SAUL BERRY

EXAMINER

Typed or printed name of signing Managing Member/Manager

JAN 30 2012