

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY -1 AM 9:37

DOCUMENT # LD4000008478

1. Limited Liability Company's Name

William M. Hogan "LLC."

2. Principal Office Address

717 19st.

Suite, Apt. #, etc.

City & State

Orl Fl

Zip

32805

Country

orange

3. Mailing Office Address

717 19st.

Suite, Apt. #, etc.

City & State

Orl. fl.

Zip

32805

Country

orange

CR2E041 (8/05)

4. State/Country of Formation

Fl. Orange

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

383668891

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

William M. Hogan

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

717 19st.

300075295453

Suite, Apt. #, Etc.

05/26/06--01003--013 \*\*55.00

City

Orl.

State

FL

Zip Code

32805

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

William M. Hogan

Date 4-29-06

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
MEMBER	William M. Hogan	717 19st.	Orl. Fla.
			100175295453 04/25/06--01003--013 **55.00 MK
			300075295453 05/26/06--01003--013 **55.00 MK

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

William M. Hogan

Date 4-29-06

Daytime Phone # 407-246-1130

Typed or printed name of signing Managing Member/Manager

William M. Hogan