

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2010 MAY 21 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600180264476  
05/04/10--01044--014 \*\*277.50

CR2E041 (11/09)

DOCUMENT # 204000008727

1. Limited Liability Company's Name

Randy Alderman, LLC

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

720 Roberts Ave.

Suite, Apt. #, etc.

City & State

DeLand, Florida

Zip

32724

Country

U.S.A.

3. Mailing Office Address

720 Roberts Ave.

Suite, Apt. #, etc.

City & State

DeLand, Florida

Zip

32724

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

2/2/2004

6. FEI Number

59-3247671

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

Randy Alderman

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

720 Roberts Ave.

Suite, Apt. #, Etc.

City

DeLand

State

FL

Zip Code

32724

☒ 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

Jane Randy Alderman

REGISTERED AGENT MUST SIGN

Date

4/30/2010

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
MEM	Randy Alderman	720 Roberts Ave	DeLand, FL 32724

REINSTATEMENT 09-10 AL

11. E-mail Address:

aaa.cpa @ bell.south.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

Jane Randy Alderman

Date

4/30/10

Daytime Phone #

321-229-8054

Typed or printed name of signing Managing Member/Manager

Randy Alderman