PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

C	ED LIABILITY OMPANY STATEMENT	S DIVIS	DEPARTMENT Secretary of Sta	ite	יייום 0 '	ECRETARY OF SIA SION OF CORPORAT 7 FEB -2 AM 10: 4	TE TONS 9
DOCUMENT # LO 400000 8748 1. Limited Liability Company's Name Raymond Kmieclak LLC							
2. Principal Office Address - No P.O. Box # 3. Malling Office Address					CR2E041 (1/07)		
20252 The Granda 202			· · · · · · · · · · · · · · · · · ·			ntry of Formation	
Suite, Apt. #	ł, etc.	Suite, Apt. #,	etc.		5. Date Organi	zed or Qualified less in Florida	2/2//
City & State	allan Fl	City & State	allan	E1	6. FEI Number		Applied For
Zip 211/	Country Country		Country	S A	7.	7.0088 of status desired \$5.00	Not Applicable Additional Fee required
8. Name and Address of Current Registered Agent						tor	a Certificate of Status
Street Addies (P.O. Box Number is Not Acceptable) 20252 The Granda Suite, Apt. #, Etc.					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.		
Dunellan FL 34432							als
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 REGISTERED AGENT MUST SIGN Date 1-29-07							-07
10. Name	es and Street Addresses of Managing Mer	nbers/Managers					
Titles	Name of Managing Members/Managers		Street Address of Each Managing Member/Manag		nger L	City / State / Zip	
Mgr	Raymond Kmieciak		20252	The G	rana Da	Dunellon	34432 F1 34432
] } 							
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 	REPUBLICATION .						
	05-07						
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 filling 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 Manager Regular Line Date 1-29-07 Daytime Phone # 352-209-7680 Typed or printed name of signing Managing Member/Manager Raymond Krnieciak							
Typed or printed name of signing Managing Member/Manager Raymond Krnieciak							