

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 10 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L0400009848

1. Limited Liability Company's Name

ROCKING V RANCH, LLC

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

5501 Varn Road

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

33565

Country

Hillsborough

3. Mailing Office Address

5501 Varn Road

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

33565

Country

Hillsborough

4. State/Country of Formation

Hillsborough County, Florida

**5. Date Organized or Qualified
To Do Business in Florida**

02/05/2004

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

Lamar E. Varn

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

5501 Varn Road

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33565

☐ 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**

Lamar E. Varn

Date

12-7-07

Lamar E. Varn

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	Lamar E. Varn	5501 Varn Road	Plant City, FL 33565

REINSTATEMENT 05-07

@ 1/80 CWS

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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**

Lamar E. Varn

Date

12-7-07

Daytime Phone #

(813) 752-2269

Typed or printed name of signing Managing Member/Manager

Lamar E. Varn