

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 NOV 20 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L04000012368

1. Limited Liability Company's Name

ASSET PROTECTION SYSTEMS LLC

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

1043 STERLING POINT PLACE

Suite, Apt. #, etc.

City & State

GULF BREEZE, FL

Zip  
32563

Country

USA

3. Mailing Office Address

1043 STERLING POINT PLACE

Suite, Apt. #, etc.

City & State

GULF BREEZE, FL

Zip

32563

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

02/03/2004

6. FEI Number

NONE

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

ERIC R. SULLIVAN

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

1043 STERLING POINT PLACE

Suite, Apt. #, Etc.

City

GULF BREEZE

State

FL

Zip Code

32563

☒ 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

*Eric R. Sullivan*

Date 11-13-07

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
MGR	ERIC R. SULLIVAN	1043 STERLING POINT PL	GULF BREEZE, FL, 32563

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11/16/07--01004--012 \*\*150.00

REINSTATEMENT

06-07

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 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

*Eric R. Sullivan*

Date

11-13-07

Daytime Phone # 850-221-4490

Typed or printed name of signing Managing Member/Manager

ERIC R. SULLIVAN