

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 16 AM 9:03

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L04 000012442**

1. Limited Liability Company's Name

**Devaughn Rip-Rap Stone walls LLC**

2. Principal Office Address

**379 N GRIFITH AVE**

Suite, Apt. #, etc.

3. Mailing Office Address

**379 N. GRIFITH AVE**

Suite, Apt. #, etc.

City & State

**Crystal River FL**

Zip  
**34429**

Country

**Citrus**

City & State

**Crystal River FL**

Zip  
**34429**

Country

*JS*

CR2E041 (8/05)

4. State/Country of Formation

**FL**

5. Date Organized or Qualified  
To Do Business in Florida

**Feb-4-04**

6. FEI Number

**59-3751139**

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

**Jimmy Devaughn**

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

**379 N. GRIFITH AVE**

Suite, Apt. #, Etc.

City

**Crystal River**

State

**FL**

Zip Code

**34429**

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

*Jimmy Devaughn*

Date

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
MM	Jimmy Devaughn	379 GRIFITH AVE	Crystal River FL 34429

800080875898  
10/16/06--01044--001 \*\*200.00

REINSTATEMENT 05-06

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

*Jimmy Devaughn*

Date **10/12/06**

Daytime Phone #

**352-302-0206**

Typed or printed name of signing Managing Member/Manager