

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

\*FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

08 OCT 21 PM 1:41

DOCUMENT #

1. Limited Liability Company's Name

M&C LLC

10/23/08--01002--003 \*\*416.25

100137205281

10/23/08--01002--003 \*\*416.25  
CR2E041 (12/07)

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

317 HOWARD STREET

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 848

Suite, Apt. #, etc.

City & State

LIVE OAK FLORIDA

City & State

LIVE OAK FLORIDA

Zip

32064

Country

USA

Zip

32064

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

19 FEB 04

6. FEI Number

60-0005333

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

CHERYL M. MAHAN

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

317 HOWARD STREET

Suite, Apt. #, Etc.

City

LIVE OAK FLORIDA

State

FL

Zip Code

32064

☒ 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

*Cheryl M. Mahan*  
REGISTERED AGENT MUST SIGN

Date 22 AUG 08

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	CHERYL M. MAHAN	16536 76TH STREET	LIVE OAK FLORIDA 32060

REINSTATEMENT *06-08*

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

*Cheryl M. Mahan*

Date 22 AUG 08

Daytime Phone # 386-362-4535 OR 590-0421

Typed or printed name of signing Managing Member/Manager CHERYL M. MAHAN

CG# 25444