

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 CORPORATIONS
06 JUL -5 AM 8:41

DOCUMENT #

LD4000016800

1. Limited Liability Company's Name

Sawyer Carpentry, LLC

800077379378
07/12/06--01011--008 **200.00

CR2E041 (8/05)

2. Principal Office Address

243 Baird Road

3. Mailing Office Address

P. O. Box 214

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

City & State

Destin, FL

Zip

32459-3631

Country

USA

Zip

32540

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

03/02/2004

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

McNeece, Richard S

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

36468 Emerald Coast Parkway

Suite, Apt. #, Etc.

Suite 1201

City

Destin

State

FL

Zip Code

32541

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 06-26-2006

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	James Sawyer	243 Baird Road	Santa Rosa Beach, FL 32459

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

[Signature]

Date 06-26-2006

Daytime Phone # (850) 267-2376

Typed or printed name of signing Managing Member/Manager

James Sawyer

REINSTATEMENT 05-06