

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -2 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000022501

1. Limited Liability Company's Name

Lulo-Arnaz, LLC

900174182049
04/01/10--01046--010 **416.25

CR2E041 (11/09)

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

22 White Oak Lane

Suite, Apt. #, etc.

3 Mailing Office Address

Suite, Apt. #, etc.

City & State

Weston CT

City & State

Zip

06883

Country

U.S.

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

03/24/04

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 Richard S. Webb, IV

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

2033 Main Street

Suite, Apt. #, Etc.

Suite 600

City

Sarasota

State

FL

Zip Code

34237

☒ 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

REGISTERED AGENT MUST SIGN

Date

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	Lawrence Luckinbill	22 White Oak Lane	Weston, CT 06883
MGR	Lucie A. Luckinbill	"	"
	L. SELLERS		
	APR 5 2010		
	EXAMINER		
		REINSTATEMENT	08-10

11. E-mail Address: arluck@aol.com

(To be used for future annual report notifications)

12. 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

Date 20 APR 2010

Daytime Phone # 914.232.1515

Typed or printed name of signing Managing Member/Manager