

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAR 16 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600171993516
03/12/10--01003--018 **416.25

CR2E041 (11/09)

DOCUMENT # **L 04000025631**

1. Limited Liability Company's Name

EDWARD R. BACHTLE JR, LLC

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

11014 HYACINTH PL

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

Zip

34202

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

4/1/2004

6. FEI Number

20-0956955

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

JIM GAY

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

3984 MANATEE AVE EAST

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34208

☒ 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

3/5/10

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
PRES.	EDWARD R. BACHTLE JR	11014 HYACINTH PL	BRADENTON, FL 34202

REINSTATEMENT

08-16

3-16-10

11. E-mail Address: **Ed@LakewoodRanchSara.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

[Signature]

Date

3/5/2010

Daytime Phone #

941-915-4563

Typed or printed name of signing Managing Member/Manager