

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 SEP 14 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (05/10)

DOCUMENT # L04000029675

1. Limited Liability Company's Name

**No Limit Limited, LLC**

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

3372 Carlton Road

Suite, Apt. #, etc.

City & State

Perry, FL

Zip

32348

Country

US

3. Mailing Office Address

3372 Carlton Road

Suite, Apt. #, etc.

City & State

Perry, FL

Zip

32348

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 04/09/2004

6. FEI Number

201160652

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

Michael Hunter

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

3372 Carlton Road

Suite, Apt. #, Etc.

City

Perry

State

FL

Zip Code

32348

300185381703  
09/14/10--01011--006 \*\*516.25

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
MGRM	Michael Hunter	3372 Carlton Road	Perry, FL 32348

11. E-mail Address: jvbcpa@comcast.net

(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

*Michael Hunter*

Date 9.8.10

Daytime Phone # 850-843-0881

Typed or printed name of signing Managing Member/Manager Michael Hunter