

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO4000037324

1. Limited Liability Company's Name

Start to Finish LLC
2053 Sweet St
Navarre FL 32566

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

2053 Sweet St

Suite, Apt. #, etc.

3. Mailing Office Address

2053 Sweet St

Suite, Apt. #, etc.

City & State

Navarre FL

Zip

32566

Country

US

City & State

Navarre FL

Zip

32566

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

5/18/2004

6. FEI Number

20-1131946

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

Kenneth Mawdsen

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

2053 Sweet St

Suite, Apt. #, Etc.

120

City

Navarre

State

FL

Zip Code

32566

☒ 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

Kenneth Mawdsen

REGISTERED AGENT MUST SIGN

Date

3/23/10

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
P	Kenneth Mawdsen	2053 Sweet St	Navarre FL 32566

REINSTATEMENT

2007-2010

S. HAWKES

MAR 26 2010

EXAMINER

11. E-mail Address:

(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

Kenneth Mawdsen

Date

3/23/10

Daytime Phone #

850-281-6656

Typed or printed name of signing Managing Member/Manager