

L040000038049

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

LIMITED LIABILITY REINSTATEMENT

M.L.C. TRIM, LLC

Certificate of Status	0
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TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

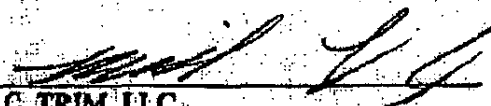
FROM: M.L.C. TRIM, LLC
MICHAEL L CODY

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS FOR 2005 AND 2006.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTLY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 352 206 5305.

THANKS,



M.L.C. TRIM, LLC
MICHAEL L CODY

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

DOCUMENT # L04000038049

1. Limited Liability Company's Name

M.L.C. TRIM, LLC

CR2E041 (8/05)

2. Principal Office Address

11429 E BARD CT

Suite, Apt. #, etc.

City & State

INVERNESS FL

Zip

34450

Country

US

3. Mailing Office Address

11429 E BARD CT

Suite, Apt. #, etc.

City & State

INVERNESS FL

Zip

34450

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

05/19/2004

6. FEI Number

☒ Applied For☐ Not Applicable

8. Name and Address of Current Registered Agent

Name

MICHAEL L CODY

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

11429 E BARD CT

Suite, Apt. #, Etc.

City

INVERNESS

State

FL

Zip Code

34450

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

MICHAEL L CODY

Date 12-6-2006

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MICHAEL L CODY	9022 E GULF TO LAKE HWY	INVERNESS FL 34450

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 608.408, 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 12-6-2006

Daytime Phone# 352 206 5305

Typed or printed name of signing Managing Member/Manager MICHAEL L CODY

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