

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000048292

1. Entity Name
DIS-N-DAT STUCCO LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 9:06

Principal Place of Business
3387 W SILVER SPRINGS BLVD
LOT 53
OCALA, FL 34475 US

Mailing Address
3387 W SILVER SPRINGS BLVD
LOT 53
OCALA, FL 34475 US

2. Principal Place of Business
467 Spring Lane
Suite, Apt. #, etc.

3. Mailing Address
467 Spring Lane
Suite, Apt. #, etc.



12272006 REIN-LLC CR2E101 (11/05)

City & State
Ocala FL
Zip
34472
Country
US

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Ocala FL
Zip
34472
Country
US

4. FEI Number
20-1304367
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DRINKS, LEMYUL
3387 W SILVER SPRINGS BLVD
LOT 53
OCALA, FL 34475

7. Name and Address of New Registered Agent

Name
Drinks, Lemyul
Street Address (P.O. Box Number is Not Acceptable)
467 Spring Lane
City
Ocala FL Zip Code
34472

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Lemyul Drinks MGRM Lemyul Drinks 12/28/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DRINKS, LEMYUL 3387 W SILVER SPRINGS BLVD LOT 53 OCALA, FL 34475 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 467 Spring Lane Ocala FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000082906940 01/02/07--01043--017 **50.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Lemyul Drinks MGRM 12/28/06 352-687-3514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #