

L04000064575

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV -3 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000064575

1. Limited Liability Company's Name

Daniel McLaughlin, LLC
05

CR2E041 (8/05)

2. Principal Office Address

5617 1st Ave. W.

Suite, Apt. #, etc.

3. Mailing Office Address

5617 1st Ave. W.

Suite, Apt. #, etc.

City & State

Bradenton FL

Zip
34209

Country

USA

City & State

Bradenton FL

Zip
34209

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

589-52-7554

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

Daniel McLaughlin

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

5617 1st Ave. W.

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34209

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10.13.06

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
MEM	Daniel McLaughlin	5617 1st Ave. W.	Bradenton FL 34209

REINSTATEMENT

2005-2006

400081037524

11/06/06--01026--012 \$43950.00

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 608.406, 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]
Daniel McLaughlin

Date 10.13.06

Daytime Phone # 941 737 1506

Typed or printed name of signing Managing Member/Manager