

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000065116

1. Limited Liability Company's Name

BRUCE F MARKO II, LLC

06

BK

07 AUG 24 AM 11:06
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
CR2E041 (1/07)

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

3785 S SAND PIPER TR

3. Mailing Office Address

SAME AS PRINCIPLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMOSASSA, FL

City & State

Zip

34448

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

09/01/04

6. FEI Number

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
BRUCE F MARKO II

Street Address (P.O. Box Number is Not Acceptable)
3785 S SAND PIPER TR

BK

Suite, Apt. #, Etc.

City
HOMOSASSA

State
FL

Zip Code
34448

☐ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date **8-9-7**

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
MGMR	BRUCE F MARKO II	3785 S SAND PIPER TR	HOMOSASSA, FL 34448
			600108606946
			600108832906
			08/30/07--01034--004 **200.00

REINSTATEMENT **2006-2007**

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]

Date

8-9-7

Daytime Phone #

352-504-7095

Typed or printed name of signing Managing Member/Manager

Bruce F Marko II