

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 404000070168

1. Limited Liability Company's Name

Raymond Cochran carpentry LLC

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

7416 laurel Ridge Ln

Suite Apt. #, etc

3. Mailing Office Address

7416 laurel Ridge Ln

Suite Apt. #, etc

City & State

Tallahassee, FL

City & State

Tallahassee FL

Zip

32312

Country

USA

Zip

32312

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

9/27/04

6. FEI Number

26-6838860

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

Raymond Cochran

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

7416 laurel LN

Apt. #, Etc

City

Tallahassee

State

FL

Zip Code

32312

500289051295
09/07/16--01019--014 **\$16.25

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	RAYMOND M COCHRAN	7416 laurel Ln	Tallahassee, FL 32312

REINSTATEMENT

2012-2016

11. E-mail Address

W/A

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

[Signature]

Date

9/7/16

Daytime Phone #

Typed or printed name of signing authorized representative/member