

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION

07 OCT 16 PM 3:44

DOCUMENT # L04000075764

1. Limited Liability Company's Name

L & L LLC

CR2E041 (1/07)

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

245 78th AVE N

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

Zip

33702

Country

Zip

Country

4. State/Country of Formation

FLORIDA PINELLAS

**5. Date Organized or Qualified
To Do Business in Florida**

10/18/04

6. FEI Number

20-1771534

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

LORI CORRIGAN

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

245 78TH AVE N

Suite, Apt. #, Etc.

City

ST PETERSBURG

State

FL

Zip Code

33702

☐ 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**

Lori J. Corrigan
REGISTERED AGENT MUST SIGN

Date 10-11-07

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
	LORI CORRIGAN	245 78th AVE N	ST PETE FL

000110740440
10/12/07--01050--010 **200.00

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**

Lori J. Corrigan

Date 10-11-07

Daytime Phone #

727-420-2679

Typed or printed name of signing Managing Member/Manager