

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

13 AUG -1 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **LD 4000077301**

1. Limited Liability Company's Name

Strickland Warehouses, LLC

CR2E041 (1/11)

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

32031 Hickory Lane

Suite, Apt. #, etc.

3. Mailing Office Address

32031 Hickory Lane

Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

10/25/2004

City & State

Sorrento, Florida

City & State

Sorrento, Florida

Zip

32776

Country

USA

Zip

32776

Country

USA

6. FEI Number

258504333

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

David R. Strickland

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

32031 Hickory Lane

Suite, Apt. #, Etc.

City

Sorrento

State

FL

Zip Code

32776

E-mail Address:

100250377131  
08/01/13--01018--005 \*\*798.75

Kobie7171@aol.com

(To be used for future annual report notices)

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

*David R. Strickland*

REGISTERED AGENT MUST SIGN

Date

7/24/13

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
MGRM	David R. Strickland	32031 Hickory Lane	Sorrento, FL 32776

REINSTATEMENT 09-13

AUG 02 2013

T. SCOTT

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. 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 Managing  
Member/Manager

*David R. Strickland*

Date

7/24/13

Daytime Phone # 352-267-9814

Typed or printed name of signing Managing Member/Manager

David R. Strickland