

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05
150w

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR -5 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000094354**

1. Limited Liability Company's Name

Laura Street, LLC

CR2E041 (1/07)

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

4344 Laura Street

Suite, Apt. #, etc.

3. Mailing Office Address

4344 Laura Street

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

Zip

33980

Country

Charlotte

Zip

33980

Country

Charlotte

4. State/Country of Formation

NA

5. Date Organized or Qualified
To Do Business in Florida

12/21/04

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*

Randall F. Dunn

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

4344 Laura Street

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33980

☒ 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]

Date **3-28-07**

REGISTERED AGENT MUST SIGN

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	John T. Odom	4344 Laura Street	Port Charlotte, FL 33980

600097215016
04/17/07--01036--017 **150.00

REINSTATEMENT 05-07

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 **3-28-07**

Daytime Phone # **941-743-4105**

Typed or printed name of signing Managing Member/Manager

John T. Odom