

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 DEC 23 AM 10:22

DOCUMENT # L05000006301

1. Limited Liability Company's Name

TRI-COUNTY ROAD VENTURES, LLC

900188989179  
12/23/10--01034--009 \*\*268.75  
CR2E041 (05/10)

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

5182 ISHEWORTH CC DRIVE

Suite, Apt. #, etc.

City & State

WINDERMERE, FL

Zip

34786

Country

USA

3. Mailing Office Address

5182 ISHEWORTH CC DRIVE

Suite, Apt. #, etc.

City & State

WINDERMERE, FL

Zip

34786

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified  
To Do Business in Florida

1/20/2005

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

MALCOLM WRIGHT

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

5182 ISHEWORTH COUNTRY CLUB DRIVE

Suite, Apt. #, Etc.

City

WINDERMERE

State

FL

Zip Code

34786

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

REGISTERED AGENT MUST SIGN

Date 12/21/2010

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	MALCOLM WRIGHT	5182 ISHEWORTH CC DRIVE	WINDERMERE, FL, 34786
	REINSTATEMENT	2010	

11. E-mail Address: MALCOLM.WRIGHT@AOL.COM

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided 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

Date 12/21/2010

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

T. Hampton DEC 27 2010