

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000009956**

1. Limited Liability Company's Name

MARSUW, LLC

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

26291 WOODLYN DR

Suite, Apt. #, etc.

3. Mailing Office Address

26291 WOODLYN DR

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

Zip

34134

Country

USA

Zip

34134

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

1/31/2005

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a Certificate of Status**

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8. Name and Address of Current Registered Agent

Name

MARK A. SUWYN

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

26291 WOODLYN DR

Suite, Apt. #, Etc.

City

BONITA SPRINGS

State

FL

Zip Code

34134

E-mail Address:

marksuwyn@hotmail.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

Mark A. Suwyn
REGISTERED AGENT MUST SIGN

Date

3/14/13

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
MGR	MARK A. SUWYN	26291 WOODLYN DR	BONITA SPRINGS, FL 34134
	REINSTATEMENT		S. HAWKES
	2007-13		MAR - 2013
			EXAMINER

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

Mark A. Suwyn

3/14/13

Daytime Phone # **(239) 292-3222**

Typed or printed name of signing Managing Member/Manager **MARK A. SUWYN**