

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
 2016 NOV 29 P 5:19  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

CR2E041 (1/14)

**DOCUMENT #** L05000020366

1. Limited Liability Company's Name  
**C.M.M., LLC**

2. Principal Office Address - No P.O. Box #  
**211 HEDDEN CT**

Suite, Apt. #, etc.

3. Mailing Office Address  
**P.O. BOX 2407**

Suite, Apt. #, etc.

City & State  
**PALM HARBOR, FLORIDA**

City & State  
**PALM HARBOR, FLORIDA**

Zip Country  
**34683 USA**

Zip Country  
**34682 USA**

**8. Name and Address of Current Registered Agent**

Name  
**CHRISTOPHER M MCNAMARA**

Street Address (P.O. Box Number is Not Acceptable) Suite,  
**211 HEDDEN CT**  
Apt. #, Etc.

City  
**PALM HARBOR**

State Zip Code  
**FL 34683**

4. State/Country of Formation  
**FLORIDA, USA**

5. Date Organized or Qualified  
To Do Business in Florida **02/28/2005**

6. FEI Number  
**20-242-6054**

Applied For  
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status

~~600292734006~~  
~~12/23/16--01003--002 \*\*490.00~~  
**600292734006**  
**11/23/16--01004--008 \*\*818.75**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*Christopher M. McNamara*  
REGISTERED AGENT MUST SIGN

Date **NOV 18, 2016**

**10. Names and Street Addresses of Authorized Representatives/Managers**

| Titles | Name of<br>Authorized Representatives/<br>Managers | Street Address of Each<br>Authorized Representative/<br>Manager | City / State / Zip    |
|--------|--|---|-----------------------|
| AR     | CHRISTOPHER M MCNAMARA                             | 211 HEDDEN CT   | PALM HARBOR, FL 34683 |
|        |  |   |                       |
|        |  |   |                       |
|        |  |   |                       |
|        |  |   |                       |
|        |  |   |                       |

**REINSTATEMENT**  
*2012-2016*

11. E-mail Address: **CMMMANAGEMENT@YAHOO.COM**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

*Christopher M. McNamara*

NOV 18, 2016

Daytime Phone #

**727 560 7702**

Typed or printed name of signing authorized representative/member

**CHRISTOPHER M MCNAMARA**