



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:01

DOCUMENT # L05000029601 1. Entity Name DOUGIE DUZZIT, LLC					
Principal Place of Business 9617 COUNTY LINE RD. LITHIA, FL 33547			Mailing Address 9617 COUNTY LINE RD. LITHIA, FL 33547		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 08/31/06 90045 006 \$50 10112006 REIN-LLC CR2E101 (11/05)	
City & State Zip Country		City & State Zip Country		4. FEI Number 86-1152442	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BRANCH, JAMES D 1416 BEACH CLUB LANE APOLLO BEACH, FL 33572			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9617 County Line Rd City Lithia FL Zip Code 33547		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Already Pd - see email!! FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRANCH, JAMES D 1416 BEACH CLUB LANE APOLLO BEACH, FL 33572 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMB, JODI A 1416 BEACH CLUB LANE APOLLO BEACH, FL 33572 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Jodi A Lamb</u> 10/11/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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October 11, 2006

To whom it may concern:

In the middle of August, I completed the annual report and mail it in. Our check for \$50 was deposited by the Department of State on August 31, 2006.

On October 5, we received a Notice of Dissolution/Revocation indicating that we had not filed the report on time.

On October 6, I emailed the web help center for the Division of Corporations (see attached) and explained the above. Later that day, I received a response back indicating that the annual report had been returned to me so that I could add the federal employer ID number. I never received it.

On October 9, I sent another email indicating such and asked for the next step. I was directed to call the office, which I did today. I was told to write a letter to explain, make copies of the emails, print out a new form and submit it. I was told that you did not need a copy of the cancelled check.

So, all is attached.

Thanks.

