

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC -9 PM 8:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

900163364729
12/07/09--01003--011 **377.50
CR2E041 (10/08)

DOCUMENT # L05000036494

1. Limited Liability Company's Name

L & D Ventures, LLC

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

2212 Talley Court Road

Suite, Apt. #, etc.

City & State

Leesburg, FL

Zip

34748

Country

US

3. Mailing Office Address

Cauthen & Feldman, P.A.

Suite, Apt. #, etc.

215 North Joanna Ave.

City & State

Tavares, FL

Zip

32778

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida **04/13/2005**

6. FEI Number

202672866

☐ 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

Douglas Moffett

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

2212 Talley Court Road

Suite, Apt. #, Etc.

City

Leesburg

State

FL

Zip Code

34748

☐ 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

REGISTERED AGENT MUST SIGN

Date

11/16/09

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
MGRM	Douglas Moffett	2212 Talley Court Road	Leesburg, FL 34748
MGRM	Loel Fishman	2212 Talley Court Road	Leesburg, FL 34748
REINSTATEMENT			
08-09			
L. SELLERS			
DEC 10 2009			
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.

Signature of
Managing Member/Manager

Date

11/16/09

Daytime Phone #

(352) 787-1535

Typed or printed name of signing Managing Member/Manager

Douglas Moffett