

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2023 04 17 11:12:40

**DOCUMENT # L05000039287**

1. Limited Liability Company's Name  
Pyramid Ent. LLC

100406884091  
04/17/23--01032--029 \*\*576.25

2. Principal Office Address - No P.O. Box # 6354 118th Avenue North		3. Mailing Office Address 6354 118th Avenue North	
Suite Apt. #, etc.		Suite Apt. #, etc.	
City & State Largo, FL		City & State Largo, FL	
Zip 33773	Country USA	Zip 33773	Country USA

CR2E041 (1/14)

4. State/Country of Formation Florida USA	
5. Date Organized or Qualified To Do Business in Florida 04/21/2005	
6. FEI Number 20-2736965	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent		
Name Carmandy Garber		
Street Address (P.O. Box Number is Not Acceptable) Suite 6354 118th Avenue N		
Apt. #, Etc.		
City Largo	State FL	Zip Code 34473

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 5/5/2023

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

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	Daryl Blume	6354 118th Avenue North	Largo, FL 33773
AMBR	Carmandy Garber	6354 118th Avenue North	Largo, FL 33773

REINSTATEMENT

R. HUNT

11. E-mail Address cgarber@bchmechanical.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

*[Signature]*

Date 04/10/2023

Daytime Phone # 727-209-8679

Typed or printed name of signing authorized representative/member

Carmandy Garber