

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 AUG 20 AM 9:37

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000040533**

1. Limited Liability Company's Name

**SAWGRASS DEVELOPMENT
+ CONSTRUCTION L.L.C.**

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

2147 FAVUK Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

2147 FAVUK Dr.

Suite, Apt. #, etc.

City & State

TALL. FL.

City & State

TALL. FL.

Zip

32303

Country

LEON

Zip

32303

Country

LEON

4. State/Country of Formation

FLORIDA LEON

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

William McEwen

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

2147 FAVUK Dr.

Suite, Apt. #, Etc.

City

TALL.

State

FL

Zip Code

32303

☒ 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

William McEwen

REGISTERED AGENT MUST SIGN

Date

8-20-7

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	William McEwen	2147 FAVUK Dr.	TALL. FL 32303

REINSTATEMENT 06/07

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08/20/07--01012--003 **100.00

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

William McEwen

Date

8-20-7

Daytime Phone #

251-2509

Typed or printed name of signing Managing Member/Manager