


2006 Limited Liability C
PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90182 006 ****50.00

LIMITED LIABILITY COMPANY 2006 AR		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000053018			
1. Limited Liability Company's Name 211 CARDS PLUS, LLC 1582 MAIN ST. DUNEDIN, FL. 34698			
2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

20045745

CR2E041 (8/05)

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number	<input checked="" 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 Rosebruch, Doreen	
Street Address (P.O. Box Number is Not Acceptable) 1582 MAIN ST.	
Suite, Apt. #, Etc. DUNEDIN, FL.	
City DUNEDIN	State FL
	Zip Code 34698

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

[Signature]

REGISTERED AGENT MUST SIGN

Date: 4/24/06

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	Rosebruch, Doreen	1582 MAIN ST.	DUNEDIN, FL 34698

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

[Signature]

Date: 4/24/06

Daytime Phone #: 727-36-0114

Typed or printed name of signing Managing Member/Manager