

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAY 21 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000058588

1. Limited Liability Company's Name

AG Enterprises, L.L.C.

CR2E041 (1/11)

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

3528 BIRKY ST

Suite, Apt. #, etc.

3. Mailing Office Address

8164 U.S. 68 N.

Suite, Apt. #, etc.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

203007723

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Sarasota, FL.

Zip

34237

Country

USA

City & State

Bellefontaine OH

Zip

43311

Country

USA

8. Name and Address of Current Registered Agent

Name

CARL BURKHOLDER

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

3528 BIRKY ST.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34237

E-mail Address:

000235352060

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tec.burkbuilt@gmail.com
(To be used for future annual report notices)

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

Carl Burkholder

Date 5-21-12

REGISTERED AGENT MUST SIGN

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	LAC REVOCABLE TRUST	3528 BIRKY ST.	Sarasota, FL. 34237

REINSTATEMENT 07-12

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. 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 Managing

Member/Manager

Carl Burkholder

Date 5-21-12

Daytime Phone #

941-695-0763

Typed or printed name of signing Managing Member/Manager