

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000066844

1. Entity Name  
LAZARUS MASONRY AND CONCRETE, LLC



Principal Place of Business  
1849 22ND ST.  
SARASOTA, FL 34234

Mailing Address  
1849 22ND ST.  
SARASOTA, FL 34234

FILED  
07 JUL 12 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06292007 REIN-LLC CR2E101 (1/07)

4. FEI Number

84-1683057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, LAZARO LOPEZ  
1849 22ND ST.  
SARASOTA, FL 34234

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
ROJAS, YULMA ROJAS  
1849 22ND ST.  
SARASOTA, FL 34234 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
400106268574  
07/17/07--01030--009 \*\*200.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
RODRIGUEZ, LAZARO LOPEZ  
1849 22ND ST.  
SARASOTA, FL 34234 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(Lazaro Lopez Rodriguez)

Date

Daytime Phone #

94-953-5797

REINSTATEMENT

06.07