

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

12 JUN 12 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 105000091900

1. Limited Liability Company's Name

**Laro & Associates, LLC**

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 233 Spanish Lakes Dr.		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Nokomis, FL		City & State	
Zip 34275	Country US	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 203491426	Applied For 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 Rosemary D. Laro			
Street Address (P.O. Box Number is Not Acceptable) 233 Spanish Lakes Dr.			
Suite, Apt. #, Etc.			
City Nokomis	State FL	Zip Code 34275	

E-mail Address:  
800236051008  
06/07/12--01026--006 \*\*516.25  
lallc1@hotmail.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 Rosemary D. Laro Date May 31, 2012  
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
P	Rosemary D. Laro	233 Spanish Lakes Dr.	Nokomis, FL 34275
VP	Ronald A. Laro	233 Spanish Lakes Dr.	Nokomis, FL 34275
REINSTATEMENT 2010 - 2012			

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 608.408, 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 Rosemary D. Laro Date May 31, 2012 Daytime Phone # 941-445-3966  
Typed or printed name of signing Managing Member/Manager Rosemary Laro