

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 2014 08:00 AM
Secretary of State

DOCUMENT #

1. Limited Liability Company's Name

L05000105217

JDMDCCT6, LLC, previously **SYC, LLC**

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

59 Le Grande Ave.

Suite, Apt. #, etc.

Unit 15

City & State

Greenwich, CT

Zip

06830

Country

USA

3. Mailing Office Address

59 Le Grande Ave.

Suite, Apt. #, etc.

Unit 15

City & State

Greenwich, CT

Zip

06830

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

10/27/2005

6. FEI Number

20-3753345

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

Alan Dorfman

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

1600 S. U.S. Highway One

Suite, Apt. #, Etc.

Apt. 209

City

Jupiter

State

FL

Zip Code

33477

600257515736
03/06/14-01008-008 **932.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

Alan Dorfman

REGISTERED AGENT MUST SIGN

Date **3/3/14**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	Joseph M. D'Amico	59 Le Grande Ave, Unit 15	Greenwich, CT 06830
MGRM	Maryellen L. D'Amico	59 Le Grande Ave., Unit 15	Greenwich, CT 06830

11. E-mail Address: **JDMDCCT6@gmail.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 317.155, F.S.

Signature of

Authorized Representative/Manager

Joseph M. D'Amico

Date **3/3/14**

Daytime Phone # **203-570-8741**

Typed or printed name of signing Authorized Representative/Manager

Joseph M. D'Amico