


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L0500015199

1. Limited Liability Company's Name

Agerton Acoustics LLC

FILED

2009 NOV -3 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800162351218
10/30/09--01043--005 **277.58

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # <u>N/A</u>		3. Mailing Office Address <u>607 N New Warrington Rd</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>N/A</u>	
City & State		City & State <u>Pensacola FL</u>	
Zip	Country	Zip	Country
		<u>32506</u>	<u>Esc</u>

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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 Matthew Agerton
Street Address (P.O. Box Number is Not Acceptable)
607 N New Warrington Rd
Suite, Apt. #, Etc.
N/A
City Pensacola State FL Zip Code 32506

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date

10/22/09

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
Man.	Matthew Agerton	607 N New Warrington Rd	Pensacola FL 32506

REINSTATEMENT

08-09

AL 11-4-09

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

Date

10/22

Daytime Phone #

(850) 232 3422

Typed or printed name of signing Managing Member/Manager

Matthew Agerton