

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 NOV 22 PM 5:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LOW000010752**

1. Limited Liability Company's Name

Dollman stucco LLC

100254149201
11/22/13--01029--007 **238.75
CR2E041 (1/11)

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

6816 S. Shamrock, RD

Suite, Apt. #, etc.

3. Mailing Office Address

6816 S. Shamrock, Rd

Suite, Apt. #, etc.

4. State/Country of Formation

FL - Hillsborough

5. Date Organized or Qualified
To Do Business in Florida

1-30-2006

City & State

Tampa, FL

City & State

Tampa, FL

Zip **33616**

Country

Hillsborough

Zip **33616**

Country

Hillsborough

6. FEI Number

830446705

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

Clint Dollman EMGRM

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

6816 S. Shamrock Rd

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33616

E-mail Address:

dollmanstucco@yahoo.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

Clint Dollman

Date

11-19-13

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
	Clint Dollman - MGR	6816 S. Shamrock Rd	Tampa FL 33616

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

Clint Dollman

Date

11-19-13

Daytime Phone #

813-817-2030

Typed or printed name of signing Managing Member/Manager

K. ASHTON