

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000011322

1. Limited Liability Company's Name
C ROTH FAMILY, LLC

500420262165
12/12/23--01004--007 **\$26.00

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 104 SIGUENZA DR. Suite, Apt. #, etc.		3. Mailing Office Address 104 SIGUENZA DR. Suite, Apt. #, etc.	
City & State PENSACOLA BEACH, FL		City & State PENSACOLA BEACH, FL	
Zip 32561	Country USA	Zip 32561	Country USA
8. Name and Address of Current Registered Agent			
Name DANA ROTH			
Street Address (P.O. Box Number is Not Acceptable) Suite, 104 SIGUENZA DR.			
Apt. #, Etc.			
City PENSACOLA BEACH		State FL	Zip Code 32561

4. State/Country of Formation FLORIDA / USA	
5. Date Organized or Qualified To Do Business in Florida 02/01/2006	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

12/12/23 PM 2:27

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

Dana Roth

1ABA854C284A4A...

12/8/2023

Date

REGISTERED AGENT MUST SIGN

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
MGR	DANA ROTH	104 SIGUENZA DR.	PENSACOLA BEACH, FL 32561

11. E-mail Address: xena3563@hotmail.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Dana Roth

12/8/2023

Signature of authorized representative/member

1ABA854C284A4A...

Date

Daytime Phone #

Typed or printed name of signing authorized representative/member

Dana Roth