

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2011 FEB 21 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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02/21/11--01019--003 \*\*377.50

CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L 06000016384

1. Limited Liability Company's Name  
CT STUCCO LLC

2. Principal Office Address - No P.O. Box # 12172 EAKIN ST		3. Mailing Office Address 12172 EAKIN ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BROOKSVILLE FL		City & State BROOKSVILLE FL	
Zip 34614	Country HERNANDO	Zip 34614	Country HERNANDO

4. State/Country of Formation FL HERNANDO	
5. Date Organized or Qualified To Do Business in Florida 2/7/2006	
6. FEI Number 20-0613821	<input type="checkbox"/> Applied For <input type="checkbox"/> 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 KENNETH C. TRAMMELL		
Street Address (P.O. Box Number is Not Acceptable) 12172 EAKIN ST		
Suite, Apt. #, Etc.		
City BROOKSVILLE	State FL	Zip Code 34614

E-mail Address:

(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

Date

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
MGRM	KENNETH C. TRAMMELL	12172 EAKIN ST	BROOKSVILLE FL 34614
REINSTATEMENT - 2010 - 2011			

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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

C.L.