

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 OCT 28 AM 8:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Precision Cut trim

L06 ——— 20567

200137165822
10/22/08--01023--007 **238.75

CR2E041 (10/08)

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

13049 Baybrook LN

Suite, Apt. #, etc.

3. Mailing Office Address

13049 Baybrook LN

Suite, Apt. #, etc.

City & State

Clermont, FL

Zip

34711

Country

Lake

City & State

Clermont, FL ~~34711~~

Zip

34711

Country

Lake

4. State/Country of Formation

Florida, U.S.A

**5. Date Organized or Qualified
To Do Business in Florida**

03/13/2006

6. FEI Number

205600108

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

Shane Keppen

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

13049 Baybrook LN

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

☒ 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

Shane Keppen

REGISTERED AGENT MUST SIGN

Date 10/18/08

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
mgr	Shane Keppen	13049 baybrook LN	Clermont, FL 34711

L. SELLERS

OCT 29 2008

EXAMINER

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

Shane Keppen

Date 10/18/08

Daytime Phone # 352-874-572

Typed or printed name of signing Managing Member/Manager