

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L06000078428**

1. Limited Liability Company's Name

**Duggan Realty, LLC**

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

**1716 Fruitville Rd**

Suite, Apt. #, etc.

3. Mailing Office Address

**1716 Fruitville Rd.**

Suite, Apt. #, etc.

City & State

**Sarasota FL**

City & State

**Sarasota FL**

Zip

**34236**

Country

**USA**

Zip

**34236**

Country

**USA**

8. Name and Address of Current Registered Agent

Name

**Duggan, Lance P.**

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

**1716 Fruitville Rd**

Suite, Apt. #, Etc.

City

**Sarasota**

State

**FL**

Zip Code

**34236**

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

**[Signature]**

REGISTERED AGENT MUST SIGN

Date **2/23/2010**

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	Lance P. Duggan	1716 Fruitville Rd.	Sarasota FL 34236

**REINSTATEMENT**

**2/10**

**A**

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

**[Signature]**

Date **2/23/2010**

Daytime Phone #

**941-879-1555**

Typed or printed name of signing Managing Member/Manager **Lance P. Duggan**

**FILED**

**2010 MAR -3 PM 4:17**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**900170577709**  
**02/25/10--01042--006 \*\*416.25**  
**CR2E041 (11/09)**