

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

L06000081904 DSM LLC

REINSTATEMENT 11-13

FILED
13 AUG 14 AM 11:09

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

1433 Ponte Vedra Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

1433 Ponte Vedra Blvd

Suite, Apt. #, etc.

City & State

Ponte Vedra Bch, FL

City & State

Ponte Vedra Bch, FL

Zip

32082

Country

US

Zip

32082

Country

US

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

August 18, 2006

6. FEI Number

20-5633731

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$100 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

John K. McPherson

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

1433 Ponte Vedra Blvd

Suite, Apt. #, Etc.

City

Ponte Vedra Bch,

State

FL

Zip Code

32082

E-mail Address:

900250592639
08/09/13--01024--015 **516.25

dsmcph@comcast.net

(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

REGISTERED AGENT MUST SIGN

Date 7/30/2013

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	Denise McPherson	1433 Ponte Vedra Blvd	Ponte Vedra Bch, FL 32082
Mgrm	John McPherson	1433 Ponte Vedra Blvd	Ponte Vedra Bch, FL 32082

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

7/30/13

Daytime Phone #

285-9155

Typed or printed name of signing Managing Member/Manager

Denise McPherson

dB