

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 DEC 22 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L06000084113

1. Entity Name
D.R. MOORE-FLORIDA, LLC



Principal Place of Business
1080 CEDAR AVE
ENGLEWOOD, FL 34223

Mailing Address
P.O. BOX 677
N MYRTLE BEACH, SC 29597

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

11132008 REIN-LLC CR2E101 (1/07)

4. FEI Number **26-3026843**
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

MOORE, DAN R SR
1080 CEDAR AVE
ENGLEWOOD, FL 34223

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE *Danny Moore* DATE 12.8.08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MOORE, DAN R SR P.O. BOX 677 N. MYRTLE BEACH, SC 29597 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 12/12/08--01005--002 **138.75
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REINSTATEMENT 08 AC

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Danny Moore* DATE 12.8.08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #