

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000085992

1. Limited Liability Company's Name

OFD LLC

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

6400 Manatee Ave W

Suite, Apt. #, etc.

A

City & State..

Bradenton FL

Zip

34209

Country

Manatee

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State..

1

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

08-31-2006

6. FEI Number

51-06109166

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

Vishal Sharma

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

6400 Manatee Ave W Ste A

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34209

☐ 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

LSL

REGISTERED AGENT MUST SIGN

Date

9/30/10

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
<u>MGR</u>	<u>Vishal Sharma</u>	<u>6400 Manatee Ave W Suite A</u>	<u>Bradenton FL 34209</u> 400187784944 11/15/10--01003--006 **\$16.25

REINSTATEMENT 08-10

DB

W 10 000053886

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

LSL

Date

Daytime Phone

(941) 761-8505

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2011

OFD, LLC
6400 MANATEE AVE W, A
BRADENTON, FL 34209

SUBJECT: OFD, LLC
Ref. Number: L06000085992

FILED
10 NOV 13 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for OFD, LLC and your check(s) totaling \$516.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The title(s) you have listed for the manager(s) or manager member(s) is/are not acceptable. You must insert the letters "MGR" for each manager or the letters "MGRM" for each managing member listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 811A00000842



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2010

OFD LLC
6400 MANATEE AVE WEST, A
BRADENTON, FL 34209

SUBJECT: OFD, LLC
Ref. Number: L06000085992

FILED
10 NOV 18 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for OFD, LLC and your check(s) totaling \$516.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

The designation of the registered agent must be at a Florida street address.

The document must contain the name, title, and business address of each managing member or manager.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 110A00026939