

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000086324

1. Entity Name  
ALLAN J DERKACH FINE CABINETRY LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR -3 PM 12:31

Principal Place of Business  
692 ENTERPRISE AVENUE  
LECANTO, FL 34461

Mailing Address  
692 ENTERPRISE AVENUE  
LECANTO, FL 34461



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

692 N ENTERPRISE PT

Suite, Apt. #, etc.

692 N ENTERPRISE PT

City & State

City & State

03282008 REIN-LLC CR2E101 (1/07)

4. FEI Number

20-5560859

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DURHAM, CHRISTOPHER  
692 ENTERPRISE AVENUE PT  
LECANTO, FL 34461

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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  
MGRM  
DURHAM, CHRISTOPHER  
STREET ADDRESS  
692 ENTERPRISE AVENUE PT  
CITY-ST-ZIP  
LECANTO, FL 34461

☐ Delete

TITLE  
NAME  
800121792658  
STREET ADDRESS  
04/01/08--01021--007 \*\*277.50  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
MGRM  
DERKACH, ALLAN J  
STREET ADDRESS  
692 ENTERPRISE AVENUE PT  
CITY-ST-ZIP  
LECANTO, FL 34461

☐ Delete

TITLE  
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/28/08 352-476-5672

REINSTATEMENT 2007, 2008