

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 MAR 30 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700136780927
03/31/09--01003--003 **277.50
CR2E041 (10/08)

DOCUMENT #

1. Limited Liability Company's Name

Augustus LLC

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

16802 Tobacco Rd.

3. Mailing Office Address

16802 Tobacco Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Lutz, FL

Zip

33558

Country

Zip

33558

Country

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

9-1-2006

6. FEI Number

06-1792820

☐ 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

Linda Tackett

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

16802 Tobacco Rd

Suite, Apt. #, Etc.

City

Lutz,

State

FL

Zip Code

33558

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3-27-2009

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	LC Willoughby	16802 Tobacco Rd.	Lutz, FL 33558
MGRM	Ann Duncan	16802 Tobacco Rd	Lutz, FL 33558
			700136780927
			1019108 01042-003
			\$138.75
			OK 3-31-09

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.

Signature of
Managing Member/Manager

[Signature]

Date 3-27-09

Daytime Phone # 813-562-8884

Typed or printed name of signing Managing Member/Manager